Q & A: Seasonal Influenza Vaccine Information for 2014 -2015

1. What are my accountabilities as an immunization provider?

Reporting

- Adverse Events Following Immunization (AEFI) are to be reported to local Public Health as per It's the Law: Reporting Adverse Events Following Immunization (Q 20).
- Physicians are to use MSI billing codes (Q 18).
- Pharmacists are to use Pharmacy billing codes (Q 19).
- Other immunization providers are to complete aggregate data collection forms that are provided by and returned to Public Health.

Management of Vaccine/Cold Chain

- Keep vaccine refrigerated between 2°C to 8°C at all times and never freeze.
- Report all cold chain breaks to the local Public Health office. Keep vaccine refrigerated while waiting to receive direction from Public Health on use of affected vaccines.
- Attention must be paid to the duration of stability of vaccine once it has been opened or reconstituted.

Competency

Immunizers will follow their respective professional guidelines, e.g. CRNNS, CPSNS, CLPNNS, NSCP with respect to immunization competency and professional responsibility. Immunizers may need to be deemed competent by their employing agency to provide immunization.

Safety

- Adrenalin must be present during vaccine administration.
- Clients must be monitored for at least 15 minutes post-immunization.
- Documentation must include the lot number of the vaccine in case of recall or adverse event.

Duty of Care/ Role Model

Annual influenza immunization of health care workers is very important for reducing influenza-related morbidity and mortality among high risk groups and individuals to whom you provide care. All immunization providers are encouraged to receive an annual influenza vaccine.

Ordering Vaccine

- As is the case every year, there is always potential for delays in vaccine development and distribution from vaccine manufacturers.

- Seasonal influenza vaccine is sent from the manufacturer to the Nova Scotia Provincial Biodepot over a period of 6-8 weeks in varying quantities. It's therefore critical for Public Health to manage the supply of vaccine to ensure equitable distribution to all immunization providers.
- Immunization providers should order a one month supply of influenza vaccine and continue to order on a monthly basis. Order only the amount you estimate you will use within the month. We encourage you to first immunize people at greatest risk of influenza-related complications and those people who live with or care for them.

2. What is the dosage and frequency of the seasonal influenza vaccines?

For intramuscular influenza vaccine, the dose is now 0.5 ml for all age groups. This information differs from the product monograph. N.S. has based its recommendations on the current National Advisory Committee on Immunization (NACI) statement

Recommended Influenza Vaccine Doses by Age, 2014-15

Age Group	Dose	No. of Doses
9 years and older	0.5 ml	1
6 months-8 years*	0.5 ml	1 or 2*

* Children 6 months to less than 9 years of age receiving seasonal influenza vaccine for the first time should be given two doses, with a minimum interval of four weeks between doses. Children less than 9 years who have been previously immunized with one or more doses of seasonal influenza vaccine are to receive one dose of influenza vaccine each year thereafter. The seasonal influenza vaccine is not licensed or recommended for infants less than 6 months of age.

3. Who is eligible to receive publicly funded seasonal influenza vaccine?

Immunization against influenza is publicly funded and advised for all Nova Scotians ≥ 6 months of age, but is strongly recommended for people at high risk of influenza-related complications and for those who are capable of spreading influenza to individuals at high risk of complications, including those who live with or care for them. The vaccine will be free of charge.

As in previous years, to provide the best protection for all residents in Nova Scotia against seasonal influenza, all students, including international students, are eligible to receive publicly funded influenza vaccine.

4. Which groups are considered high risk for influenza-related complications?

The following groups have been defined by NACI and are considered at high risk:

People at high risk of influenza-related complications or hospitalization

- Adults (including pregnant women) and children with the following chronic health conditions:
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
  - diabetes mellitus and other metabolic diseases;
  - cancer, immune compromising conditions (due to underlying disease and/or therapy);
  - renal disease;
  - anemia or hemoglobinopathy;
  - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
  - morbid obesity (BMI≥40); and
  - children and adolescents (age 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
- People of any age who are residents of nursing homes and other chronic care facilities.
- People ≥65 years of age.
- All children 6 to 59 months of age.
- Healthy pregnant women (the risk of influenza-related hospitalization increases with length of gestation, i.e., it is higher in the third than in the second trimester)
- Aboriginal Peoples.

People capable of transmitting influenza to those at high risk

- Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of influenza complications.
- Household contacts (adults and children) of individuals at high risk of influenza-related complications (whether or not the individual at high risk has been immunized):
  - household contacts of individuals at high risk, as listed in the section above;
  - household contacts of infants <6 months of age as these infants are at high risk of complications from influenza but cannot receive influenza vaccine; and
  - members of a household expecting a newborn during the influenza season.

- Those providing regular child care to children ≤59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high risk (e.g., crew on a ship).

5. What are the components of the seasonal influenza vaccines?

The antigenic strains included in the 2014-2015 seasonal influenza vaccine (northern hemisphere) are:

- A/California/7/2009 (H1N1) pdm09-like virus
- A/Texas/50/2012 (H3N2) like virus
- B/Massachusetts/2/2012 like virus.

The only two products being used in Nova Scotia for the 2014-15 publicly funded influenza immunization program are Fluviral® (GSK) and Agriflu® (Novartis).

6. Who should NOT routinely be given seasonal influenza vaccine?

The following people should not receive seasonal influenza vaccine:

- Infants less than 6 months of age;
- People who have had a serious allergic reaction (anaphylaxis) to a previous dose of any influenza vaccine;
- People who have had a serious allergic reaction (anaphylaxis) to any of the components of influenza vaccine;
- People who have a serious acute febrile illness;
- People known to have had Guillain-Barré Syndrome within 6 weeks of a previous influenza vaccine.

7. Should people who have experienced Ocular Respiratory Syndrome (ORS) following receipt of a previous seasonal influenza vaccine be immunized?

There is no evidence to suggest that 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 reimmunized with influenza vaccine. Persons who experienced ORS with lower respiratory tract symptoms should have a consultation with an allergist.

8. Should people who are allergic to eggs receive the seasonal influenza vaccine?

NACI has concluded that egg allergic individuals may be vaccinated against influenza using Trivalent Inactivated Vaccine (TIV) and Quadrivalent Inactivated Vaccine (QIV) 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. However, immunizers

administering vaccine should be prepared for and have the necessary equipment to respond to a vaccine emergency at all times. Live attenuated influenza vaccine (LAIV) should not be given to egg-allergic individuals as it has not yet been studied in this group. There are additional contraindications for LAIV. These individuals should always be kept under observation for 30 minutes. This information differs from the product monograph. N.S. has based its recommendations on the current NACI statement.

9. Should pregnant women receive the seasonal influenza vaccine?

Yes. All pregnant women, at any stage of pregnancy, should be included among high priority recipients of influenza vaccine due to the risk of influenza-associated morbidity in pregnant women, evidence of adverse neonatal outcomes associated with maternal respiratory hospitalization or influenza during pregnancy, evidence that vaccination of pregnant women protects their newborns from influenza and influenza-related hospitalization, and evidence that infants born during influenza season to vaccinated women are less likely to be premature, small for gestational age, and low birth weight.

10. Is seasonal influenza vaccine safe for breastfeeding mothers?

Yes. Seasonal influenza vaccine is safe for breastfeeding mothers.

11. How should the seasonal influenza vaccines be stored?

Vaccine Cold Chain should be maintained at all times (2°C to 8°C). The vaccine should not be frozen and must be protected from light.

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

An opened vial of Fluviral® (GSK) should be used within 28 days from the date it was opened. It's a good idea to record the date it was opened on the vial. Agriflu® (Novartis) comes as a pre-filled syringe so this is not a concern for this product. Store in the refrigerator between uses.

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

No. 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.

14. How is the publicly funded seasonal influenza vaccine administered?

The publicly funded seasonal influenza vaccine is administered intramuscularly. The deltoid muscle is the recommended site in adults and children over 12 months of age. The anterolateral thigh is the recommended site in infants 6 -12 months of age.

15. 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.

16. What are the side effects of the seasonal influenza vaccine?

One third of those vaccinated 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 vaccination and last 1 to 2 days, especially in those receiving the vaccine for the first time. Anaphylactic hypersensitivity reactions occur rarely.

17. What information is used to determine influenza immunization coverage?

Immunization data from the following sources is collated to inform the Nova Scotia provincial influenza immunization coverage report:

- Physician MSI billing codes (Q18).
- Pharmacist billing information (Q19)
- All other providers are required to submit aggregate influenza information at the end of the influenza season to their local Public Health office on forms provided by Public Health.

18. How do physicians bill for influenza immunization?

MSI Billing Information for Seasonal Influenza (Flu) and Polysaccharide Pneumococcal (PC) Vaccines

Billing requires a health service code, a modifier, and a diagnostic code				
Immunization	**Health Service Code**	**Modifier**	**MSUs**	**Diagnostic Code**
Influenza	13.59L	RO=INFL	6.0	Select diagnostic code from the table below
Pneumococcal	13.59L	RO=PNEU	6.0	

Patient Status	Diagnostic Codes	
	FLU	**PC and FLU**
Pregnant	V221	N/A
Males & non-pregnant females	V048	V066

Refer to table below when billing for a **provincial immunization tray fee.**

Health Services Code	Description	MSUs
13.59M	Provincial immunization tray fee	1.5 per multiple (max 4/visit)

Notes for billing:

- If one vaccine is administered but no associated office visit is billed **(i.e. the sole purpose for the visit is the immunization), claim the immunization at a full fee of 6.0 MSUs.**
- If two vaccines are administered at the same visit but no associated office visit is billed **(i.e. the sole purpose for the visit is the immunization), claim for each immunization at a full fee of 6.0 MSUs each.**
- If one vaccine is administered in conjunction with a billed office visit**, claim both the office visit and the immunization at full fee.**
- If two vaccines are administered in conjunction with a billed office visit**, claim the office visit and the first injection can be claimed at full fee. All subsequent injections will be paid at 50%.**
- For children less than 12 months of age, if a vaccine is administered in conjunction with a well-baby care visit**, claim the well-baby care visit and the immunization.**

19. How do pharmacists bill for influenza immunization?

Pharmacy billing information is used to collect data on pharmacist-administered vaccines as part of assessing overall vaccine coverage rates.

For billing, the following DIN and PIN should be used:

- Pregnant Women
  - Agriflu PIN 93899922 Fluviral PIN 93899921
- Males and Non-Pregnant Females
  - Agriflu DIN 02346850 Fluviral DIN 02015986
- Second Dose for Children
  - Agriflu PIN 93899920 Fluviral PIN 93899919

20. What adverse events need to be reported to Public Health Services?

All adverse events not normally expected (i.e. listed in the product monograph), that are temporally related to the administration of the vaccine, need to be reported in accordance with the It's the Law: Reporting of Adverse Events Following Immunization poster.

21. Can the seasonal influenza vaccine cause influenza illness?

No. The seasonal influenza vaccine does not contain live virus and cannot cause influenza.

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

Yes.

23. 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 with separate needles and syringes in different sites. Pneumococcal vaccination 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 and once as an adult.

24. Can seasonal influenza vaccine be administered if other vaccines have been received recently?

Yes, 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 any other vaccines.

25. 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 websites:

- Nova Scotia Department of Health and Wellness web site
- Public Health Agency of Canada (NACI): Statement on Seasonal Trivalent Inactivated Influenza vaccine for 2014-15
- Canadian Public Health Association
- Canadian Immunization Guide