2017 – 2018 SEASONAL INFLUENZA PROGRAM

Information for Public and Community Health Providers in Regional Health Authorities and First Nations Jurisdictions

August 2017

Groups for whom influenza vaccination is particularly recommended

Publicly funded influenza vaccines may be administered to people who are six months of age and older who do not have vaccine contraindications. In particular, the following people are highly recommended to receive the influenza vaccine to reduce the incidence and burden of influenza disease and related health complications:

- All health care workers (HCWs), health care students, emergency response workers, visitors and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications in independent practices, facilities, residences and community settings.
  - For the purposes of this statement, HCWs include any person, paid or unpaid, who provides direct or indirect health services, works, volunteers or trains in a health care setting.
- Adults (including pregnant women) and children ≥6 months with a chronic health condition including but not limited to:
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis & asthma);
  - diabetes mellitus and other metabolic diseases;
  - cancer and other immune-compromising conditions (due to underlying disease, therapy or both);
  - renal disease;
  - anemia or hemoglobinopathies;
  - neurologic or neurodevelopment conditions (includes neuromuscular, neurovascular, neurodegenerative, neurodevelopmental disorders and seizure disorders (and for children include febrile seizures and isolated developmental delay) but excludes migraine and psychiatric conditions without neurological conditions
  - morbid obesity (adult BMI ≥ 40, child BMI assessed as ≥ 95th percentile adjusted for sex and age)
- Children and adolescents with the following conditions:
  - Those undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye syndrome associated with influenza.
- People of any age who are residents of nursing homes, long-term care facilities and other chronic care facilities.
- People ≥ 65 years of age.
- All children six to 59 months of age (younger than five years).
- Indigenous peoples.
- Visitors to health care facilities and other patient care locations.
- Household and close contacts of individuals at high-risk of influenza-related complications whether or not the individual at high-risk has been immunized.
- Household and close contacts of infants less than six months of age.
- Members of households who are 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.
- People who provide essential community services (e.g., provincial corrections staff who have direct contact with inmates).
- People in direct contact during culling operations with poultry infected with avian influenza.
- People working with live or dead poultry or swine.
- Health sciences students (human and animal health).
- Travellers - Influenza occurs year-round in the tropics. In temperate northern and southern countries, influenza activity peaks generally during the winter season (November to March in the Northern Hemisphere and April to October in the Southern Hemisphere).

Preamble

This document is intended to assist Regional Health Authorities (RHAs) and First Nations Jurisdictions (FNJs) with 2017-18 seasonal influenza immunization campaign planning and delivery. The Ministry provides support to RHAs and FNJs to assist with program implementation by supplying influenza vaccines, vaccine information sheets, and data collection forms.

The following principles should be considered increase immunization rates, improve access to services and enhance the overall client experience:

1. Verbal consent directives are supported by the Ministry of Health for all clients.
2. Immunization services will be accessible for all individuals and families through use of traditional and non-traditional clinic settings and locations with flexible hours to ensure maximum opportunities for access.
3. Clinic operations should have specific strategies in place to mitigate fluctuations in demand or vaccine availability.
4. System-wide access to and promotion of influenza immunizations should occur at a variety of client access points. Active planned immunization opportunities should be regionally organized and available to clients in all areas of the health system including acute care, primary care, public health, home care, special care homes, pharmacies and other health service locations.
5. Clinical and non-clinical staff (e.g., support staff) should be utilized to maximize system capacity and ensure timely access to service.

Influenza Program Dates

- The provincial publicly funded influenza program is scheduled to begin on Monday October 23, 2017 and to end on March 31, 2018.
  - Consultation with the Chief Medical Health Officer (CMHO) is required if requests are received for earlier start dates. For example, during an outbreak in a licensed special care home, immunization may be allowed to start earlier in that facility pending discussion with the CMHO.
- RHAs and FNJs should schedule the administration of influenza vaccine as of October 23, 2017 onwards with the priority groups being those at high-risk of influenza-related complications.
- To ensure uniform access to publicly funded influenza vaccine in Saskatchewan, RHAs, FNJs, physicians, Nurse Practitioners and pharmacists are asked to comply with the provincial start date.

Vaccine Information

- Fluzone® Quadrivalent (Sanofi Pasteur) and FLULAVAL® tetra (GSK) quadrivalent injectable vaccines (QIVs) are publicly funded for those 6 months of age and older and contain the following viral strains:
  - A/Michigan/45/2015 (H1N1)pdm09-like virus;
  - A/Hong Kong/4801/2014 (H3N2)-like virus;
  - B/Brisbane/60/2008-like virus; and
  - B/Phuket/3073/2013-like virus.
- Thimerosal free Fluzone ® Quadravalent pre-filled syringes are priorized for people who self-identify as having a diagnosed thimerosal allergy (documentation is not required). It may be given to others who request it. It is only available to Public Health; other provider will need to refer clients to Public Health.
- The National Advisory Committee on Immunization (NACI) 2017-18 influenza vaccine statement is posted at www.naci.gc.ca. Refer to Appendix 2: *Characteristics of Influenza Vaccines Authorized in Canada, 2017-2018* for information on Canadian licensed influenza vaccines.
- QIVs are safe for use in persons with latex allergy.
- QIVs may be given concomitantly with or at any time before or after live attenuated vaccines or inactivated vaccines.
- The Ministry does not reimburse the cost of privately-purchased influenza vaccines.

Precautions and Contraindications

- Previous anaphylaxis to influenza vaccine is a contraindication to receiving influenza vaccine.
- Persons who had an anaphylactic reaction to a previous influenza vaccine dose or to any of components in a specific vaccine (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within six weeks of a live or inactivated influenza vaccination, should not receive further doses of any influenza vaccines.
- QIV administration should usually be postponed in persons with serious acute illnesses until their symptoms have abated. Immunization should not be delayed because of minor acute illness, with or without fever.
- As with all vaccine administration, immunizers must have the necessary equipment and medications to be prepared to respond to a vaccine emergency at all times.
- Egg-allergic individuals can receive a full dose of a QIV without prior influenza vaccine skin testing, as a routine practice that is supported by NACI.
- The Ministry of Health recommends that when a decision is made to re-immunize those who have suffered a past severe allergic reaction (not anaphylaxis as it is a contraindication) related to an influenza vaccine or its components, these individuals should be vaccinated in a setting where appropriate expertise, equipment and medications to manage respiratory or cardiovascular compromise is available (as discussed with MHO)and that they are observed post-immunization (e.g., minimum for 30 minutes).
  - In these situations, the MHO, PHN Manager/Imms Supervisor, and the PHN may wish to discuss the approach to re-immunization on a case by case basis.
- Oculo-respiratory syndrome (ORS) is defined as the presence of bilateral red eyes **plus** one or more respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) that start within 24 hours of vaccination, with or without facial oedema. ORS **is not** considered to be an allergic response. Persons who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an IgE-mediated hypersensitivity immune response should seek advice. Although the pathophysiologic mechanism underlying ORS remains unknown, it is considered distinct from an IgE-mediated allergic response.
- Persons who have a recurrence of ORS upon revaccination do not necessarily experience further episodes with future vaccinations. Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced ORS.

QIV by Age and Dosage

Age	Vaccine	Dosage (mL)	Number of doses required per season
6 months to 8 years	QIV	0.5 mL IM	1 or 2 *
≥9 years	QIV	0.5 mL IM	1

* Previously unvaccinated children 6 months to 8 years of age (<9 years old) require two doses influenza vaccine, with a minimum interval of four weeks between doses.

- QIVs are considered interchangeable for children requiring two doses.
- The first time that a child younger than 9 years old receives seasonal multivalent influenza vaccine, a two-dose schedule is required. This recommendation applies whether or not the child received monovalent pH1N1 vaccine in 2009-2010.
- Influenza vaccines will be available until April 30, 2018 to allow children who received their first dose on or prior to the March 31, 2018 program end date to receive their second dose.

Consent for Immunization

- All immunizations in Saskatchewan are voluntary. As with all publicly funded vaccines in Saskatchewan, regional processes for obtaining informed consent shall follow regional policies and practices and the

appropriate Ministry of Health vaccine fact sheets (2017-18 Influenza Vaccines) must be provided to all clients. Fact sheets can be viewed at: http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets. French versions are also available at this link.

- Post-immunization, Public Health should provide clients with a Ministry wallet card bearing the name and date of immunization as proof they received the vaccine:

Government of Saskatchewan HealthLine 811 HEALTHLINEONLINE.CA **RECORD OF INFLUENZA IMMUNIZATION** **Name:** _____ **Immunization Date:** _____ **Vaccine type: TIV QIV LAIV** **Date of 2nd Dose for Child:*** _____ **HCW: Yes No Provider initials:** _____	***NOTE: 2 doses are required for children younger than 9 years old who are getting immunized with influenza vaccine for the first time.** **Dose #2 appointment date:** _____ YY/MM/DD • **Immunization Record App available at www.immunize.ca/en/app.aspx** • **For more information about Saskatchewan's immunization programs, go to: www.saskatchewan.ca/immunize** • **Pneumococcal 23 immunization date:** YY/MM/DD

- Record of Influenza Immunization wallet cards should be provided by RHAs/FNJs to the service providers to give to the clients as proof of immunization. Pharmacists are responsible to order these wallets cards through the Ministry's Publication Centre website. http://publications.gov.sk.ca/deplist.cfm?d=13&c=1073
- All individuals must be screened for contraindications prior to immunization.
- Influenza vaccine is safe and well-tolerated. Counselling points for providers to emphasize with clients when discussing eligibility recommendations:
  a. The risks and benefits of influenza vaccine should be discussed prior to vaccination, as well as the risks of not getting immunized.
  b. Vaccination is the most effective way to prevent influenza and the spread of influenza viruses.
  c. Each year there are new vaccine formulations to protect against the influenza virus strains that are expected in the coming influenza season. Even if the strains have not changed, getting influenza vaccine every year is necessary to maximize protection.

Health Care Workers (HCWs)

- HCWs may present their wallet card to their employer indicating they have received influenza vaccine.
- HCWs are strongly encouraged to receive their influenza immunization. Influenza vaccination provides benefits to health care workers and to the patients they care for. NACI considers the provision of influenza vaccination to be an essential component of the standard of care for all HCWs for the protection of their patients**. In the absence of contraindications, refusal of HCWs to be immunized against influenza implies failure in their duty of care to patients.** By protecting themselves, HCWs also protect clients or patients who are unable to mount sufficient vaccine antibodies related to their health status or age.
- Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCWs is associated with substantial decreases in morbidity and mortality in the residents. Therefore, HCWs should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination.

Maternal and Infant Health

- The risk for complications and hospitalization related to influenza is greater among pregnant women who are in their second or third trimester.
- QIVs are considered safe for pregnant women at all stages of pregnancy.
- Immunizing pregnant and breastfeeding women may protect the baby through transplacental antibody passage or through breast milk.

Aboriginal People

- Aboriginal people are specifically mentioned due to increased risk based on higher prevalence of underlying health risk factors and social determinants of health including housing and living in remote communities.

RHA/FNJ Planning and Vaccine Allocation

- The Ministry has allocated QIVs for RHAs/FNJs based on 2016 covered population data and doses administered by PH in 2016-17 (refer to Appendix 3: 2017-18 *RHA FNJ Influenza Vaccine Allocation*).
- The provincial allocation plan is intended to support RHAs/FNJs in planning for influenza season with a focus on early uptake in the season. The Ministry will have an unallocated reserve to support areas where significant uptake occurs and may reallocate from the provincial allocation as of December 1, 2017 depending on the progression of the influenza season.

Vaccine Delivery to RHAs/FNJs

- The Saskatchewan Disease Control Laboratory (SDCL) will distribute RHA/FNJ influenza vaccine shipping schedules by October 2, 2017.
- RHA/FNJ offices order vaccines via Panorama. The shipments will be sent directly to all ordering regional offices unless SDCL is notified by the ordering offices regarding alternate arrangements.
- RHA/FNJ short-notice vaccine shipment requests outside of the regular vaccine shipping schedule should be kept to a minimum; however SDCL will endeavor to accommodate such requests.
- When RHA/FNJs issue vaccine to service providers outside public health (e.g., physicians, special care homes, primary care and nurse practitioners, RHA/FNJ staff health departments, provincial correctional facilities, home care and paramedics), vaccine utilization reporting requirements must be emphasized and submitted whenever they request vaccine stock.
- Pharmacists will order publicly funded influenza vaccines directly from a wholesale distributor (e.g., McKesson).

2017-18 Immunizer Parameters

- Public Health Nurses, Physicians and Nurse Practitioners can immunize persons six months of age and older with publicly funded injectable QIVs.
- Saskatchewan pharmacists can immunize persons 9 years of age and older with publicly funded injectable QIVs, aligning with the age restriction for Alberta pharmacists and the requirement of only one vaccine dose for those ≥ 9 years old.
- **Public Health should refer pharmacies to contact the Drug Plan and Extended Benefits Branch for assistance with their inquiries as indicated in the 2017-18 Pharmacist Influenza Handbook.**
- The following non-nursing designations are considered to have within their scope of practice the administration of influenza vaccine to adults as well as the training to manage anaphylaxis:
  - Pharmacists (as approved by the College of Pharmacists of Saskatchewan);
  - Primary Care Paramedic (who has been Primary Care Paramedic trained);
  - Intermediate Care Paramedic; and
  - Advanced Care Paramedic.

- In some RHAs, paramedics may be granted access to publicly funded influenza vaccines from Public Health Services. Populations to whom paramedics can administer publicly funded influenza vaccines to and related operational issues will be determined and managed at the RHA level. RHAs that engage the service of private emergency medical services (EMS) providers must manage within their regional budget.
- Influenza immunization education must be provided by employers to their paramedical staff, including an orientation to the two injectable vaccines, as well as vaccine management (e.g. how to store vaccines properly). RHAs may choose to work with their EMS groups to facilitate the needed education.
  - Orientation must include provision to report any Adverse Events Following Immunization (AEFIs) to Public Health utilizing the correct reporting forms.
  - Statistical data collection must be submitted by the EMS groups to the RHAs for reporting to the Ministry.

Vaccine Management

- All cold chain break incidents must be reported to the Ministry by fax at 306-787-3237 immediately upon discovery using the *Cold Chain Break Report* available in the *Saskatchewan Immunization Manual* (SIM), chapter 9 (October 2016). It will be emailed as a separate attachment (http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf)
  - Non-public health providers, with exception of pharmacists, must fax their reports directly to their regional public health centre. **Pharmacists must fax all reports directly to the Ministry of Health at (306) 787-3237.**
- RHAs/FNJs (and pharmacists) must record wasted influenza vaccine doses on the *Vaccine Wastage Report* form available in the SIM, chapter 9 (http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf) and faxed at month's end (by the 5th of the following month) to SDCL at 306-798-0071. Wasted influenza vaccines must be disposed of locally according to regional bio-medical waste policy and procedures.
  - All other non-public health providers must fax their reports directly to their regional public health centre.
- Vaccine problem reports and related vaccines must be submitted monthly to the Ministry of Health using form available in the SIM, chapter 9 (http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf).
- The SDCL will send directions to RHAs and FNJs to manage their remaining influenza vaccine stock at the end of the seasonal program.

RHA/FNJ Vaccine Inventory

- RHAs and FNJs will be required to do weekly regional vaccine counts and record in Panorama (for the previous week by the following Tuesday at noon) until December 1st. This will ensure that provincial stock is managed effectively, as fewer doses are being order for this season. **The first inventory count is due on Monday October 31, 2017 so that the Ministry can continually monitor the provincial vaccine supply.** Monthly counts will be required as of December.
- Inventory information must be accurate in the Panorama inventory module for the Ministry's reference. RHAs/FNJs shall ensure that staff members are trained and compliant in following this directive, so that RHAs/FNJs can provide this information to the Ministry as requested.
- **RHAs/FNJs must 'pick/pack/ship' vaccines in/out of their vaccine inventories** so that counts remain accurate. Manual reconciliation is required to verify counts if alternative processes are used.

Vaccine Administration Documentation

- It is recommended that all persons born since 1999 have influenza immunizations delivered by public health entered into Panorama.

  - RHAs/FNJs will be responsible for entering influenza vaccine into Panorama that are provided to children six months and up to and including eight years of age by non-public health providers.
  - Those over the age of nine who are immunized by non-public health providers do not need to be entered into Panorama; RHAs are responsible for submitting the administration statistics to the Ministry of Health as part of statistical reporting.
  - Persons attending mass immunization clinics 18 years of age or older, will be counted manually and do not need to be entered into Panorama.
- Persons born before January 1, 1999 will have, at a minimum, their name, date of birth and gender collected for documentation purposes.
- Children six months up to and including 17 years of age whose immunizations are recorded into the provincial immunization registry will be extracted by the Ministry.

Vaccine Administration Statistical Collection

- The following manual statistical information is required by the Ministry and sent to Population Health Branch (refer to *Appendix 4: RHA and FNJ Influenza Immunization Data Collection and Submission Process 2017-2018*):
  - Number of doses provided to residents in Special Care Homes (Long Term Care homes)(include number of residents as of Nov. 30, 2017);
  - Number of doses provided by non-Public Health Providers to individuals nine to 17 years;
  - Number of doses provided to individuals 18 years to 64 years of age (provided by Public Health and nine to 64 years of age from non-public health providers) ;
  - Number of doses provided to Health Care Workers (HCW) on or before March 31, 2018 and the total number of HCWs as of November 30, 2017; and
  - Number of doses provided to individuals ≥ 65 years of age.
  - Number of doses provided to Health Care Workers (HCWs) (by March 31, 2018) as well as the number of HCWs in the organization (as of March 31, 2018).
- RHAs and FNJs will be required to submit General Public Immunization stats **for the previous Sunday to Saturday period by noon the following Tuesday** using this section of the RHA and FNJ Influenza Immunization Statistical Collection Excel spreadsheet 2017-2018 in email attachment. Submit the General Pubic Immunization stats the following email address: **PopHealth@health.gov.sk.ca** with the subject line: ***(your RHA/FNJ name) Flu vaccine administered report as of week (see week submission chart in Appendix 6).*** **Immunization stats not submitted on time will be recorded as data not submitted.**
- FNJs are required to submit manually the number of children six months up to and including 17 years of age who were immunized according to age breakdown (refer to Appendix 5).
- The age of a client at presentation for immunization is to be noted, and recorded appropriately. For example, a 64 year-old who presents in November 2017 for immunization must be recorded in the 18 to 64 years category, even if the person is turning 65 in January of 2018.
- Numbers immunized should only be recorded one time in one place. For example, if immunizations are entered into the provincial immunization registry for those under 18 years of age, the numbers should not be counted manually as these numbers will be extracted from the provincial immunization registry.
- RHAs/FNJs are responsible for the retrieval of administration stats from practitioners and facilities **who have received** publicly funded influenza vaccines from them. **Frequent retrieval** is preferred and RHAs/FNJs are strongly encouraged to get the stats before releasing further vaccines to the requesting practitioners/facilities.
- RHAs are not required to collect or report on pharmacist delivered influenza vaccinations. The Ministry will be collecting vaccine administration data from pharmacists through the Drug Plan and Extended Benefits Branch.
- **RHAs/FNJs must submit their final statistics to the Ministry by May 8, 2018 to** PopHealth@health.gov.sk.ca.

Adverse Events Following Immunization (AEFI)

- To ensure the ongoing safety of influenza vaccines in Canada, reporting of all AEFIs is mandatory under the *Saskatchewan Public Health Act* (1994).
- **Electronic or paper Public Health Agency of Canada (PHAC) AEFI report forms for publicly funded AND non-publicly funded influenza vaccines must be completed by the care provider whom the client reported the event to and submitted to the RHA for review and MHO recommendation.**
- Influenza vaccine AEFI reports that meet **reporting criteria** in *PHAC's User Guide: Report of Adverse Events Following Immunization (AEFI)* available at http://www.phac-aspc.gc.ca/im/aefi-essi_guide/page1-eng.php must be recorded in the client's electronic immunization record (the client record may need to be created to enable historical immunization information to be documented and indicate the AEFI); refer to the Panorama User Guide Immunization: Add Historical Immunization https://www.ehealthsask.ca/services/panorama/Pages/Access-Training-Resources.aspx).
- RHAs are responsible for MHO recommendations and to enter the report information into the client's electronic immunization record as a warning (refer to Panorama bulletin 0024 *Where Do I Document in Panorama*? https://www.ehealthsask.ca/services/panorama/Pages/Bulletins.aspx.
- The MHO recommendations must be reported to the original reporter who is obligated to follow up with the client. Refer to Appendix 5: *Adverse Event Following Immunization Reporting Algorithm for Non-Public Health Healthcare Providers*.
- Surveillance of all temporal influenza vaccine-related AEFIs is requested to help build on the reports from previous years. As per provincial guidelines, all AEFI reports shall be recorded, reported and managed locally in each RHA or FNJ.
- An unexpected AEFI is an event that is not listed in available product information but may be due to the immunization, or a change in the frequency of a known AEFI. The following AEFIs are of particular interest for influenza vaccines:
  - ORS; and
  - GBS within six weeks following immunization.
- To ensure patient safety, all immunizers shall immediately report any unusual, severe, serious or unexpected adverse event assessed to be temporally related to vaccination to local public health officials. Local public health officials must immediately report unusual, severe, serious or unexpected AEFIs to the Ministry at 306-787-9576 in conjunction with an AEFI report for the client.
- Regional MHO recommendations will be documented and will guide future recommendation which will be communicated to the patient by the reporter or other designate.
- Individuals reporting an AEFI of H1N1 vaccine or any past influenza vaccines may need consultation with the MHO and/or specialist prior to receiving a 2017-18 influenza vaccine.

Communications

- The Ministry has developed consistent public messaging to communicate eligibility criteria including risk groups to the public.
- HealthLine will link to RHA websites for clinic locations. RHAs will ensure clinic details are posted on regional websites. RHAs and FNJs should update their websites, specifically clinic information and to post consent forms if used in RHAs/FNJs.
- The Ministry's Communications Branch will coordinate with RHA communications staff regarding public messaging. The Drug Plan and Extended Benefits branch are responsible to issue communication to provincial pharmacists.
- For provincial media interviews, the provincial Chief/Deputy MHO and regional MHOs are the main spokespersons.
- The 2017-18 Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website in September 2017 at http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets.

Appendix 1: 2017-18 Publicly Funded Influenza Vaccines		
	FluLaval Tetra® (GSK) QIV split virion	**FLUZONE Quadrivalent®** (SP) QIV split virion
Population	Everyone ≥ 6 months	Everyone ≥ 6 months
Dose	0.5 mL IM	0.5 mL IM
Components	Latex and antibiotic free and contains both influenza A strains and B viral strains, sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate, α-tocopheryl hydrogen succinate, and polysorbate 80, and may contain traces of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose. Thimerosal added as a preservative to multidose vials.	Latex, antibiotic and gelatin free and contains all surface antigens of this year's influenza A and B viral strains, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein and sucrose. Thimerosal is added as a preservative only to multidose vials.
Normal and Expected Reactions These reactions are mild to moderate and generally last 1-4 days.	• Soreness, warmth, redness, and swelling at the injection site. • Temporary limited movement of the immunized arm or leg. • Headache, fever, tiredness, muscle aches, and chills. • Loss of appetite.	• The most common reactions occurring after vaccine administration are injection site pain (11%-57%), erythema (7%-30%) and edema (6%-21%). • The most common systemic reactions observed after vaccine administration are asthenia (2%-18%), headache (2%-10%) and myalgia (2%-9%).
Presentation	5 mL multidose vial containing 10 doses of 0.5 mL.	• 5 mL multidose vial containing 10 doses of 0.5 mL. • 0.5 mL prefilled syringes (thimerosal free)
Contra-indications	• Persons with a history of a severe allergic or anaphylactic reaction to a previous influenza vaccine dose or any component of the influenza vaccine should discuss their situation with a public health nurse or their physician. • Persons who developed GBS within six weeks of a previous influenza vaccine.	• Persons with a history of a severe allergic or anaphylactic reaction to a previous influenza vaccine dose or any component of the influenza vaccine should discuss their situation with a public health nurse or their physician. • Persons who developed GBS within six weeks of a previous influenza vaccine.
Instructions for Administration	• Do not administer vaccine from a vial that has been opened for ≥28 days or has expired. • **To get 10 doses out of a vials, GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than 23-G**.	• Vaccine may be administered from a MDV that has been opened up to the expiry date indicated on the vial.
Special Instructions –	• Gently shake pre-filled syringe or vial before administration • Date vials when opened. • Store 2°C-8°C. • Do not freeze or use if vaccine has been frozen. • Protect from light. • Pre-drawing is not recommended. • The Ministry recommends that vaccines be administered directly from the fridge or cooler and not warmed to room temperature prior to administration.	

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Appendix 2: Characteristics of influenza vaccines authorized in Canada, 2016-2017

Appendix 2: Licensed Influenza Vaccines, Canada 2017-18									
Product characteristics	**Injectable**								**Intranasal**
Manufacturer	BGP Pharma	GSK		Novartis			Sanofi Pasteur		AstraZeneca
Product name	**Influvac®**	**Fluviral®**	**FluLaval Tetra®**	**Agriflu®**	**FLUAD®**	**FLUAD Pediatric™**	**FLUZONE® High-Dose**	**FLUZONE Quadrivalent®**	**FLUMIST® QUADRIVALENT †**
Vaccine type	Trivalent inactivated subunit	Trivalent inactivated - split virus	Quadrivalent inactivated - split virus	Trivalent inactivated - subunit	Trivalent inactivated - subunit	Trivalent inactivated - subunit	Trivalent inactivated - split virus	Quadrivalent inactivated - split virus	Quadrivalent Live attenuated
Route	IM	IM	IM	IM	IM	IM	IM	IM	IN
Authorized ages	≥ 3 years	≥ 6 months	≥ 6 months	≥ 6 months	≥ 65 years	6-23 months	≥ 65 years	≥ 6 months	2-59 years
Adjuvant	No	No	No	No	MF_{59}	MF_{59}	No	No	No
MDV Post-puncture shelf life	Refer to PM	Refer to PM	28 days	Refer to PM	Refer to PM	Refer to PM	Refer to PM	May be used up to the expiry date indicated on the vial	n/a
Thimerosal	Refer to PM	Refer to PM	Yes	Refer to PM	Refer to PM	Refer to PM	Refer to PM	Multidose vials only	No
Antibiotics	Refer to PM	Refer to PM	None	Refer to PM	Refer to PM	Refer to PM	Refer to PM	None	Gentamicin
Clinically non-relevant ingredients*	Refer to PM	Refer to PM	Appendix 1: 2016-17 Publicly Funded Influenza Vaccine Information	Refer to PM	Refer to PM	Refer to PM	Refer to PM	Appendix 1: 2016-17 Publicly Funded Influenza Vaccine Information	Refer to product monograph

2016 covered population date accessed at: https://opendata.ehealthsask.ca/MicroStrategyPublic/asp/Main.aspx

Appendix 3: Influenza Vaccine Allocation 2017-18							
RHA/FNJ	2016 covered pop	16-17 total shipped	16-17 total admin	Difference	**Allocation**	**Cache until Dec. 15**	
						MDV	**PFS**
Athabasca	2,640	300	411	0	**450**	**440**	**10**
Cypress	45,461	11,800	10,452	1,348	**10,800**	**10,310**	**490**
Five Hills	56,394	11,760	10,341	1,419	**10,600**	**10,110**	**490**
Heartland	44,522	12,040	10,641	1,399	**11,000**	**10,510**	**490**
Keewatin Yatthé	12,521	1,230	1,057	173	**1,100**	**1,070**	**30**
Kelsey Trail	42,343	11,120	8,735	2,385	**9,000**	**8,610**	**390**
Mamawetan Churchill River	24,972	2,600	1,912	688	**2,050**	**1,980**	**70**
Prairie North	84,485	17,340	14,000	3,340	**14,500**	**13,800**	**700**
Prince Albert	82,636	16,240	14,199	2,041	**14,700**	**14,010**	**690**
Regina Qu'Appelle	297,945	61,010	44,022	16,988	**45,000**	**42,720**	**2,280**
Saskatoon	360,314	72,220	60,764	11,456	**61,900**	**59,100**	**2,800**
Sun Country	60, 124	13,520	12,307	1,213	**12,500**	**11,870**	**630**
Sunrise	59,056	11,510	9,834	1,676	**10,000**	**9,550**	**450**
FNIHB	unavailable	5,360	4,480	880	**4,500**	**4,310**	**190**
NITHA	unavailable	6,250	3,743	2,507	**3,800**	**3,650**	**150**
	TOTALS	**254,300**	**206,898**	**47,513**	**211,900**	**202,040**	**9,860**

Public Health Services in the RHA/ FNJs are primarily responsible for the provision of the seasonal Influenza immunization program. Public Health Services further distribute influenza vaccine to non-public health providers such as physicians, Nurse Practitioners, and nurse only based offices (ex. post-secondary institutions) in order to increase client accessibility to the influenza vaccine.

Public Health Services is responsible for submitting the influenza vaccine administration data for both Public Health and Non-Public Health providers (with the exception of pharmacists) to the Ministry of Health. Pharmacists providing influenza vaccine will have their statistical information collected by Drug Plan and Extended Benefits Branch of the Ministry of Health.

Provider	Collection, for	Submission, by age		Reporting Frequency[2]
		RHA	FNJ[1]	
Public Health[1]	General Public	*2 age groups:* • 18 to 64 years • 65 years and older	*6 age groups:* • 6m to 23 months • 2 to < 5years • 5 to <9 years • 9 to 17 years • 18 to 64 years • 65 years and older	Weekly (up to Dec. 31,2017) & Monthly (Jan-Feb-Mar-2018)
Non-Public Health[1]	General Public	*3 age groups:* • 9 to 17 years • 18 to 64 years • 65 years and older	Not applicable	Weekly (up to Dec. 31,2017) & Monthly (Jan-Feb-Mar-2018)
Long-term Care (LTC)	Residents	*2 age groups:* • Up to 64 years • 65 years and older	Not applicable	*2 submissions*[3] • #s (residents and immunized)as of 30-Nov-2017 and • #s for Dec-2017 to Mar. 31, 2018 (residents)
OH&S/ Employee Health	Health Care Workers (HCW)	*1 age group:* • All HCW regardless of age	*1 age group:* • All HCW regardless of age	*1 submission*[4] • #s immunized as of March 31, 2018 • Total number of HCWs as of March 31, 2018

[1] RHAs and FNJs recording in Panorama are recommended to enter immunization records in Panorama for clients, born since 1999 who received influenza vaccine from public health. For those 18 years and older attending mass clinics, entry into Panorama is not required.

[2] April 30, 2018 by 5:00 pm for all administered doses (season-end submission).

[3] The total number of residents living in long term care (LTC) facilities is to be determined as of November 30, 2017. This will serve as the denominator to determine their influenza vaccine coverage. Numbers after November 30th will consist of total numbers of residents vaccinated. Submission of the number of LTC residents after November 30, 2017 is not required because percentage coverage will not be calculated for this period.

[4] HCWs are those employed by RHA/FNJ facilities or affiliated facilities and do not include volunteers, health science students or physicians. Total number of HCWs for the RHA/FNJ will be the denominator to calculate coverage.

Frequency of reporting:

All RHAs/FNJs will report the number of influenza vaccine doses administered, in the above categories (except for LTC and HCW), on a weekly basis between October 23 and December 31 of 2017. Following December 31, 2017, influenza administered doses will be reported on a monthly basis.

Appendix 4: RHA and FNJ Influenza Immunization Data Collection and Submission Process 2016-2017
Administered dose numbers are **required by noon on the Tuesday** following the previous week. These numbers should include immunizations given up to end of day on Saturday the week before. The statistical collection week is from Sunday to 5:00 pm Saturday. Any missing or delayed reporting numbers should be rolled into the following week. Example: if numbers are delayed being tallied by a region (for public health and non-public health administered) and submission time is not met, the RHA will be reported as zero doses administered for that week for those 18 years and older (however, numbers pulled from Panorama by the Ministry will be reported). The missing/delayed numbers should be included in the following week's submission but DO NOT report adjusted numbers to the Ministry.

Timely submission is important because it allows the Ministry to report promptly to Ministry officials and RHAs/FNJs as well as support Population Health Branch planning for the season. **Please email the administered dose reports, weekly, monthly, and end of season to: PopHealth@health.gov.sk.ca** with the subject line: ***(your RHA/FNJ name) Flu vaccine administered report as of week (see submission chart below).***

Due dates for report submission are as follows: (These are subject to change)

Calendar Week	Submission time period	Date of submission
Week 43	Oct 22– 28, 2017	Oct 31, 2017
Week 44	Oct 29 – Nov 4, 2017	Nov 7, 2017
Week 45	Nov 5 - 11, 2017	Nov 14, 2017
Week 46	Nov 12 - 18, 2017	Nov 21, 2017
Week 47	Nov 19 - 25, 2017	Nov 28, 2017
Week 48	Nov 26 – Dec 2, 2017	Dec 5, 2017
Week 49	Dec 3 – 9, 2017	Dec 12, 2017
Week 50	Dec 10 - 16, 2017	Dec 19, 2017
Week 51	Dec 17 - 23, 2017	Dec 26, 2017
Week 52	Dec 24 – 30, 2017	Jan 9, 2018
January 2017	Jan 1 – 31, 2018	Feb 13, 2018
February 2017	Feb 1-28, 2018	Mar 13, 2018
March 2017	Mar 1-31, 2018	Apr 10, 2018
Final submission (year end summary)	Oct 23, 2017 to March 31, 2018	May 8, 2018

Due dates for Long Term Care (LTC) report submission is as follows:

Submission time period	Date of submission
As of Nov 30, 2017	May 8, 2018
Dec-2017 to Mar-2018	May 8, 2018

Submission of Numbers:
The Ministry of Health is providing an excel spreadsheet to assist in the collection and reporting of vaccine administered doses to the Ministry of Health. The RHA/FNJ should submit their updated excel file as their report.

Healthcare provider is informed of possible AEFI by patient and/or directly observes AEFI in patient and reviews AEFI user guide to assess reportable criteria.

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If event is reportable: healthcare provider completes AEFI Report Form sections 3; 4a; 4b if applicable; 5; 6; 7a; 7b; 7c; 7d; 8, 9a &/or 9b &/or 9c &/or 9d as applicable; and 10.

↓

Healthcare provider (makes copy of report for self and) submits completed AEFI report form to the RHA that the vaccine was given in or to the FNJ that client identifies with (e.g., band member).

↓

Upon receiving the AEFI form from the RHA/FNJ Medical Health Officer's *Recommendations for Further Immunization* (section 11 of AEFI) the healthcare provider contacts the patient and informs them of the recommendations. The RHA/FNJ (that has access to Panorama) must enter a client warning on the client's Panorama client record (until the AEFI module is supported in the future) as per Panorama bulleting 0024 *Where Do I Document*?

↓

Healthcare provider who initiated AEFI report form informs client regarding the MHO's recommendations and refers patient to Public Health if they have further questions.

↓

RHA/FNJ submits completed AEFI report and forwards only reportable AEFIs to the Ministry of Health.