

2010-2011 Seasonal Influenza Vaccine Information for Immunization Providers

1. What are my accountabilities as an immunization provider?

A. Reporting to Public Health

- Adverse Events Following Immunization (AEFI) are to be reported to local Public Health Services as per *It's the Law – Reporting Adverse Events Following Immunization*
- Physicians are to use MSI billing codes that are specific to the 2010-2011 seasonal influenza vaccine
- Other immunization providers are to complete aggregate data collection forms provided by Public Health (see Q 17)

Management of Vaccine/Cold Chain

- Vaccine must be stored between +2° and +8°C at all times
- Report all cold chain breaks to local Public Health Services and follow their directions 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 need to be deemed competent to provide immunization by their employing agency

Safety

- Adrenalin must be present during vaccine administration
- Client 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

Ordering Vaccine

- As is the case every year, there are potential delays in vaccine development and distribution from the manufacturers
- Seasonal Influenza vaccine does not arrive at our provincial depot all at once. The vaccine comes in weekly shipments in varying amounts to the provinces and territories. It's therefore critical to manage the supply to ensure equitable distribution to all immunization providers
- Influenza vaccine arrives in the province over 6-8 weeks.
- It is not possible to fill everyone's total order at the beginning of the season; Immunization providers need to stagger their ordering of vaccine
- You will not be able to order your whole season's supply at once
- Please take these facts into consideration when planning your clinics

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

- A.** Immunization against influenza is publicly funded and advised for all Nova Scotians but is strongly recommended for people at high risk of influenza-related complications and for those people who live with or care for them. The vaccine will be free of charge. As in previous years, NSHPP does not fund the costs of administration or supplies.

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

- A.** The antigenic strains included in the 2010-2011 influenza seasonal vaccine (northern hemisphere) are:
- A/California/7/2009 (H1N1)-like virus;
 - A/Perth/16/2009 (H3N2)-like virus;
 - B/Brisbane/60/2008-like virus.

The only two products being used in Nova Scotia for the publicly funded influenza immunization program are Vaxigrip and Fluviral.

4. Why isn't FluMist (nasal vaccine) being used for the publicly funded program?

- A.** AstraZeneca did not receive approval for use in Canada until July 2010. By that time, national contract negotiations for seasonal influenza vaccine had already been concluded. There are some contraindications that require further discussion. Those contraindications include: people with respiratory illnesses, such as asthma, immunocompromised individuals and their caregivers (including HCW and family members).

5. Who should NOT be given seasonal influenza vaccine?

- A.** The following people should not receive seasonal influenza vaccine:
- Infants less than 6 months of age;
 - People who have had a serious allergic reaction to a previous dose of any influenza vaccine;
 - People who have had a serious allergic reaction to any of the components of influenza vaccine;
 - People who have egg allergy manifested by hives, swelling of the mouth and throat, difficulty breathing, hypotension, and shock;
 - People who have a severe febrile illness;

- People known to have had Guillain-Barré Syndrome within 8 weeks of a previous influenza vaccine.

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

- A. There is no evidence to suggest that ORS will be a concern following immunization. Individuals who have experienced the oculorespiratory syndrome (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 an expert review. (CCDR Aug 2010 Vol 36 ACS6)

7. Should people who are allergic to eggs, components of the vaccine, or a previous dose receive the seasonal influenza vaccine?

- A. Persons with known IgE-mediated hypersensitivity to eggs (manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension or shock) should not be routinely vaccinated with influenza vaccine. Egg-allergic individuals who are at risk of the complications of influenza should be evaluated by an allergy specialist, as vaccination might be possible after careful evaluation, skin testing and graded challenge or desensitization. Expert review of the risks and benefits of vaccination should be sought for those who have previously experienced severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination, an apparent allergic reaction to the vaccine or any other symptoms (e.g., throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization. (CCDR Aug 2010 Vol 36 ACS6)

8. Should pregnant women receive the seasonal influenza vaccine?

- A. Yes. Pregnant women should receive seasonal influenza vaccine as evidence demonstrates they are at higher risk of complications from influenza.

9. Is seasonal influenza vaccine safe for breastfeeding mothers?

- A. Yes. Seasonal influenza vaccine is safe for breastfeeding mothers.

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

- A. The recommended dosage schedule is presented in the following table.
Recommended Influenza Vaccine Dosage by Age, 2010-2011

Age Group	Dose	No. of Doses
Greater than 9 years	0.5 ml	1
3-8 years	0.5 ml	1 or 2*
6-35 months	0.25 ml	1 or 2*

*Previously unvaccinated children less than 9 years of age require two doses of Seasonal Influenza Vaccine, with a minimum interval of 4 weeks between doses. Children less than 9 years of age who have properly received one or more doses of Seasonal Influenza Vaccine in the past are recommended to receive one dose per season thereafter. This recommendation applies whether or not the child received monovalent pH1N1 vaccine in 2009-2010. The seasonal influenza vaccine is not licensed or recommended for infants less than 6 months of age.

11. How should the seasonal influenza vaccines be stored?

- A. 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?

- A. An opened vial of **Fluviral® (GSK)** should be used within 28 days from the date it was opened.
An opened vial of **Vaxigrip® (Sanofi Pasteur)** should be used within 7 days from the date it was opened.

13. How is the seasonal influenza vaccine administered?

- A. The seasonal influenza vaccine is administered intramuscularly. The deltoid muscle is the recommended site in adults and older children and the anterolateral thigh in infants (1 year of age and under).

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

- A. 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.

15. How soon following immunization does protection develop and how long does it last?

- A. 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?

- A. One third of those vaccinated report soreness at the 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 needs to be reported Public Health Services?

- A. Physicians will use MSI billing codes that are specific to the influenza vaccine. (See billing code information sheet at end of this document) All other providers will submit aggregate influenza information at the end of the influenza season on forms provided by Public Health services.

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

- A. Refer to the following link to view the “It’s the Law: Reporting Adverse Events Following Immunization (AEFI)” Poster:
http://www.gov.ns.ca/hpp/publications/13087_AdverseEventsPoster_Mar09_En.pdf

19. Can the seasonal influenza vaccine cause influenza illness?

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

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

- A. Yes.

21. Can seasonal vaccine and pneumococcal vaccine be given at the same time?

- A. Yes they can be administered at the same time but they should be administered via separate 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*.

22. Can you receive seasonal influenza vaccine if you have received other vaccines recently? Does there need to be an interval of time between receiving other vaccines and seasonal influenza vaccine?

- A. Yes, you can receive seasonal influenza vaccine if you have received other vaccines recently. No, there is no interval of time needed between receiving seasonal influenza vaccine and other vaccines.

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

- A. For more information on influenza vaccine, contact your local Public Health office: <http://www.gov.ns.ca/hpp/contacts/phs-offices.asp>. You may also check the following websites:
 - a. Nova Scotia Department of Health Promotion and Protection's web site at: www.gov.ns.ca/hpp/flu
 - b. Public Health Agency of Canada: Statement on Seasonal Trivalent Inactivated Influenza vaccine for 2010-2011: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10pdf/36-acsc-6.pdf>
 - c. Canadian Public Health Association: www.immunize.cpha.ca

24. How do I bill for influenza immunization?

A. MSI Billing Information for Administration of Seasonal Influenza (Flu) and Polysaccharide Pneumococcal (PC) Vaccines 2010-2011

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	
	<i>FLU</i>	<i>PC and FLU</i>
Pregnant	V221	N/A
Males & non-pregnant females	V048	V066

Refer to the following table 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:

1. 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.**
2. 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.**
3. If one vaccine is administered in conjunction with a billed office visit, **claim both the office visit and the immunization at full fee.**
4. 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%.**
5. 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.**

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