Influenza Program Overview





FNIHB – Alberta Region

September 27, 2022

For videoconference and Zoom assistance

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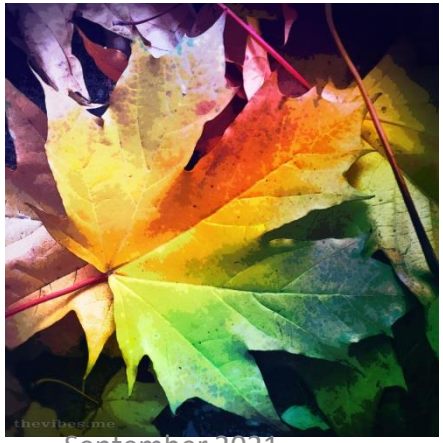
Canada

Reminder:
This videoconference will be recorded.



Land Acknowledgement

- *We would like to begin by acknowledging that we are on the traditional lands, referred to as Treaty 6 Territory and that the participants of this session, and all the people here, are beneficiaries of this peace and friendship treaty.*

- *Treaty 6 encompasses the traditional territories of numerous western Canadian First Nations, including Cree, Dene, Stoney Nakota Sioux, Saulteaux, and Ojibwe.*

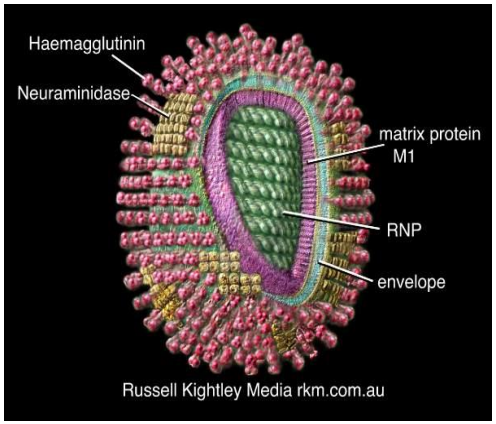
Acknowledgements

The National Advisory Committee on Immunization (NACI), Alberta Health, and Albert Health Services resources have been used in the development of this presentation.

Learning Objectives

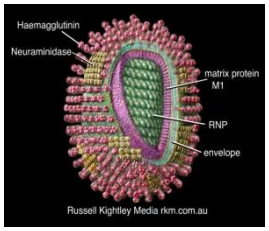
At the end of the presentation, participants will:

- Understand what influenza is and its potential impact
- Be knowledgeable about influenza and Pneumo-P vaccines and related programming
- Understand Influenza programming within COVID-19 disease and vaccine context
- Be able to implement influenza surveillance activities
- Be able to implement TB Screening for those with At Risk Medical Conditions



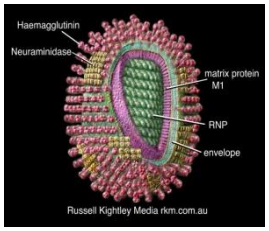
BACKGROUND INFORMATION

What is Influenza?



- Commonly known as “the flu”, influenza is a highly contagious infection of the airways caused by the influenza virus.
- Referred to as “seasonal” as these viruses circulate during the winter season in the northern hemisphere
- The timing and duration of influenza varies: cases can occur throughout the year, however the “season” is usually considered to be from late September/early October through March, but most often activity peaks in January or later
  - Outbreaks have been reported as early as October and as late as May.
  - Alberta Health has been seeing influenza cases since September 1st

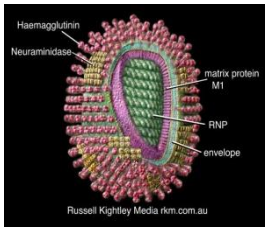
What is Influenza?



Influenza typically starts with sudden onset of:

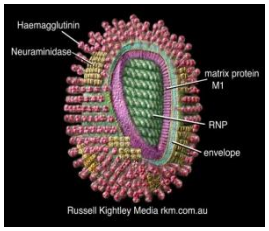
- Headache, chills and cough
- Followed by:
  - fever
  - loss of appetite
  - muscle aches and fatigue
  - runny nose, sneezing, watery eyes
  - sore throat
- Nausea, vomiting and diarrhea may also occur, especially in young children.

A, B and C Influenza Viruses



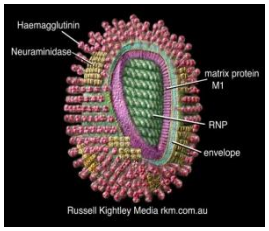
- Influenza A and B viruses cause seasonal epidemics/outbreaks, while type C causes mild respiratory illness
  - Influenza A viruses are divided into subtypes based on surface proteins:
    - hemagglutinin (H) and neuraminidase (N).
  - Influenza B viruses are not divided into subtypes, but generally fall in 2 strain families (lineages):
    - Yamagata and Victoria like viruses
- Vaccines only protect against types A and B

Influenza Types – A and B



Type A (seasonal, avian, swine . . .)	Type B (seasonal influenza)
Can cause significant disease	Generally causes milder disease but may also cause severe disease
Infects humans and other species (e.g. Birds, pigs)	Limited to humans
Can cause epidemics and other pandemics (worldwide epidemics)	Generally causes milder epidemics

Influenza Types – A and B



- Small changes in influenza viruses occur continually (drift)
  - New strains may not be recognized by the body's immune system.
    - A person infected with a specific influenza virus strain develops immunity against that specific strain.
- Strains in seasonal vaccine are updated to align with any changes in circulating strains
  - Usually, at least one change each season
- Annual influenza immunization recommended to protect against infection from changing viruses

Comparison of COVID-19, influenza, common cold, and gastrointestinal (GI) illness

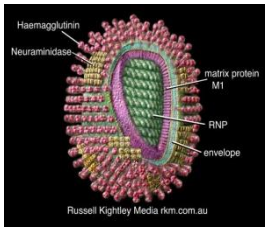
		COVID-19	Influenza (Flu)	Cold	GI Illness (Stomach "Flu")
Caused by		SARS-CoV-2 virus	Influenza A or Influenza B viruses	Many different kinds of viruses such as rhinovirus or adenovirus	Norovirus (or Norwalk-like viruses) is the most common, but there are many causes of stomach upset
Symptoms appear quickly		Sometimes	Yes	No. Symptoms appear gradually	Yes
Prevention		Getting the COVID-19 vaccine provides protection from the SARS-CoV-2 virus (also known as COVID-19)	Getting the influenza vaccine every year protects against the strains of the virus going around that season	Cannot be prevented by immunization	Cannot be prevented by immunization
Symptoms					
	Fever	Common	Common	Rare	Sometimes
	Fatigue	Common	Common	Sometimes	Sometimes
	Cough	Common	Common	Common	No
	Sneezing	Rare	Sometimes	Common	No
	Aches and pains	Common	Common	Sometimes	Common
	Runny or stuffy nose	Rare	Common	Common	No
	Sore throat	Sometimes	Common	Common	No
	Diarrhea	Common	Sometimes (especially for children)	Rare	Common
	Headaches	Common	Common	Rare	Sometimes
	Shortness of breath	Sometimes	Sometimes	No	No
	Loss of smell or taste	Sometimes	No	No	No

Sources: Health Canada, Centers for Disease Control and Prevention

The myth of the "Stomach Flu"

- Many people use the term "stomach flu" to describe illnesses with nausea, vomiting or diarrhea. These symptoms can be caused by many different viruses, bacteria or parasites.
- Influenza is a respiratory disease – not a stomach or intestinal disease.
  - While vomiting, diarrhea and nausea can sometimes occur with influenza (particularly with children), these problems are not the main symptoms of influenza.

How Serious is Influenza?



- Fortunately, the majority of infected people will recover.
- However, annually in Canada, influenza typically causes approximately
  - 12,200 hospitalizations
  - 3,500 deaths
- Influenza is among the top 10 leading causes of death in Canada

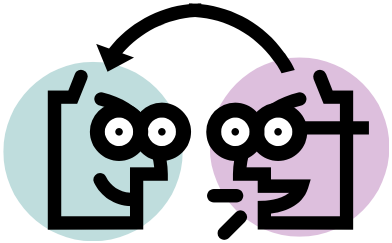
How is Influenza Spread?

- Influenza is easily spread when an infected person sneezes, coughs or even talks.
- The virus gets into the air and can be breathed in by others.
- Exposure to the virus can also occur when your hand touches something that has the virus on it (like hands or objects) and then you touch your eyes, nose or mouth.
  - Hard surfaces: virus can survive for 1 – 2 days but is only infectious for about 8 hours
  - Soft surfaces: virus can survive 8 – 12 hours but is only infectious for a few minutes

Note: Influenza can be spread even before symptoms start.

Influenza Incubation

- Time from exposure to developing symptoms:
  - is 1 to 4 days;
  - average ~ 2 days.

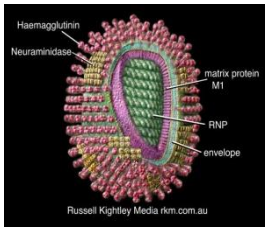


Influenza Infectivity

- Most healthy adults may be infectious from 1 day ***before*** symptoms develop through 5 days ***after*** becoming ill.
  - Age and health of the person will impact how long contagious
  - Young children and people with weakened immune systems may be infectious > 1 week.

- Some people can be infected but have no symptoms – they can still spread the virus
  - Best Practice: all Health Care Workers receive influenza immunization

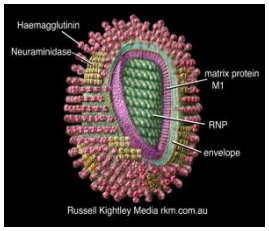
Who is at Higher Risk of Developing Complications



Influenza can lead to other health problems, especially for individuals who:

- Have heart or lung conditions, diabetes, a weak immune system, a lot of extra weight, or other health problems
- Live in a care facility
- Are under 5 years of age
- Are over 65 years of age
- Are pregnant
- Are Indigenous

Complications of Influenza



Complications of Influenza can include:

- pneumonia (bacterial and viral)
- ear and sinus infections
- dehydration
- worsening of chronic medical conditions such as congestive heart failure, asthma, or diabetes

Treatment of Influenza

- Non-complicated cases of influenza are generally managed at home – “self-care”
  - Bed rest
  - Analgesics
  - Fluids
  - Time

Influenza Self Care Guidelines

- Annual influenza immunization
- Cover your cough
- Hand hygiene
- Avoid touching eyes, nose or mouth
- Clean and disinfect high touch surfaces
- Healthy lifestyle (exercise, water, diet, avoid smoke)
- Avoid crowds when influenza is around

Influenza Self Care Guidelines

Handwashing:

- Use regular soap – antibacterial soap not recommended
  - Lather and friction for at least 20 seconds
  - Rinse well
  - Dry well

Influenza Self Care Guidelines

Self Care at Work

- Frequently wipe down keyboard, mouse and phone
- If ill, stay home!
- Practice hand hygiene frequently
  - especially after contact with high touch surfaces
  - before eating

Antiviral Therapy

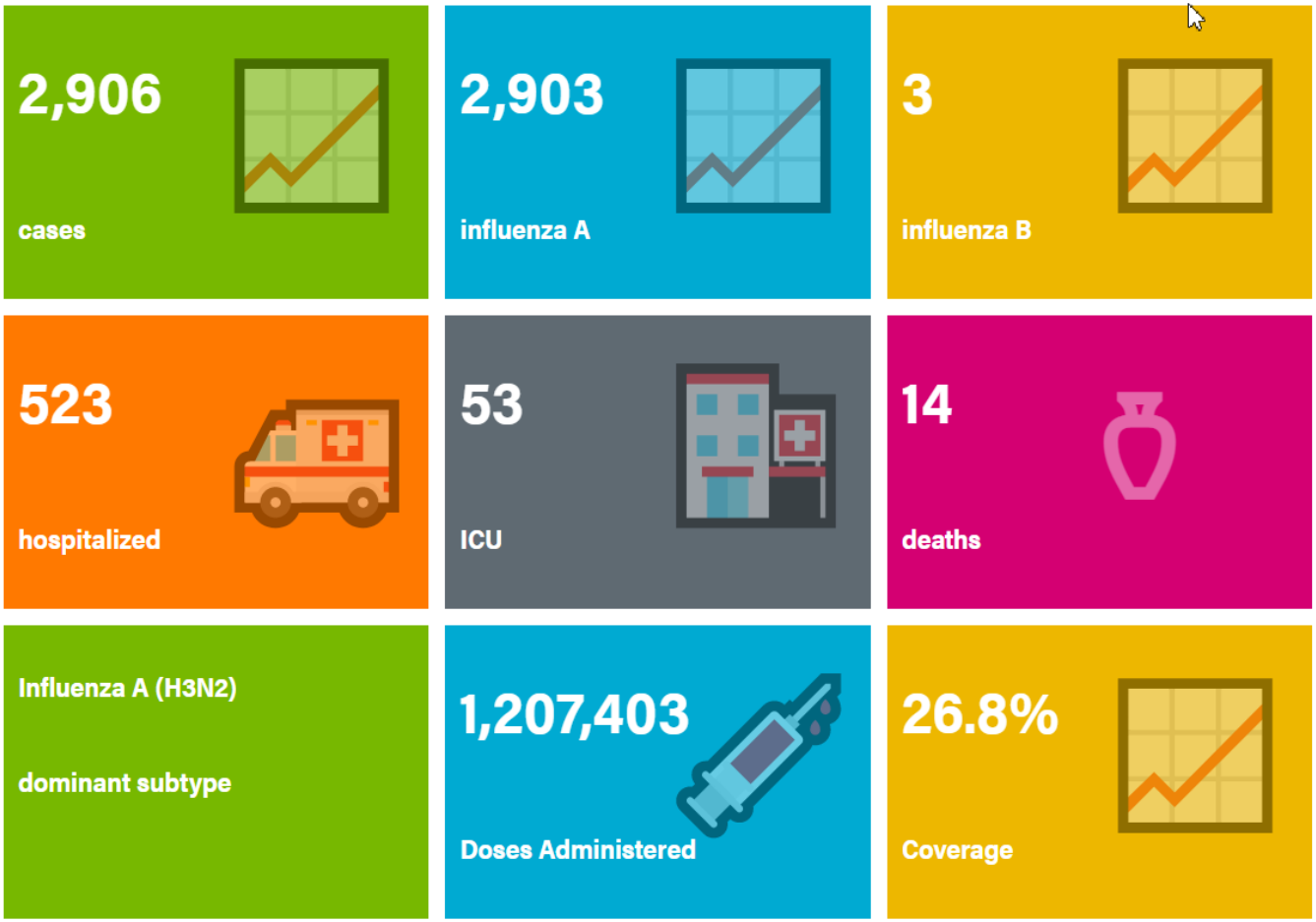
- Antiviral therapy
  - The National Microbiology Laboratory detected no resistance to Oseltamivir (Tamiflu) or Zanamivir (Relenza) in influenza viruses studied during the 2021-2022 season.
  - Each year, antiviral therapy guidelines are prepared by Association of Medical Microbiology and Infectious Disease Canada (AMMI)

Public Health Measures Work

- March 2020:
  - influenza cases in Canada and around the world stopped almost immediately when COVID restrictions were put in place.
- 2021/2022 influenza season in Canada
  - 16 126 cases reported as of Aug 27, 2022
  - In other years, the average number of cases are 52,169 at the same point of time

FluWatch Report Weeks 30-34 (Government of Canada, Public Health Agency of Canada)

Summary of laboratory-confirmed seasonal influenza in Alberta, 2021-2022



Summary of **On Reserve** Laboratory-Confirmed Influenza cases 2021-2022

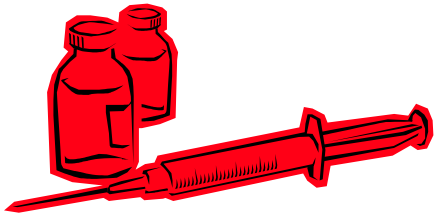
- Total number of Influenza A/B cases - Unknown
- Total number of cases Hospitalized – 36
- Total number of Deaths – 3
- Subtype of those hospitalized – H3N2

Alberta Health Services: Influenza Immunization webpage, Accessed September 2021

Summary of **On-Reserve** Influenza Vaccine Doses Administered, 2017-2022

Flu Season Year	Total Doses Administered	2nd Doses (6 mo - 8 yr olds)
2021-2022	10,469	25
2020-2021	12,811	35
2019-2020	14,173	98
2018-2019	14,173	82
2017-2018	13,156	82

Data Source: OKAKI Analytics –
CHIP Regional Reports

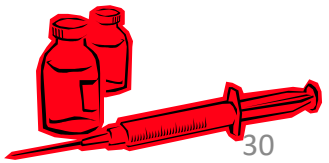


INFLUENZA VACCINES

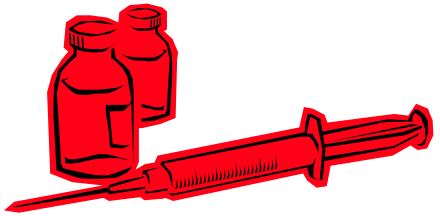
Influenza Vaccine Development

Each February, the WHO recommends which strains should be included in the Influenza vaccines for the Northern Hemisphere.

- A new vaccine is formulated each year based on these recommendations
- Each vaccine lot is tested on healthy individuals to ensure the vaccine is safe and effective.

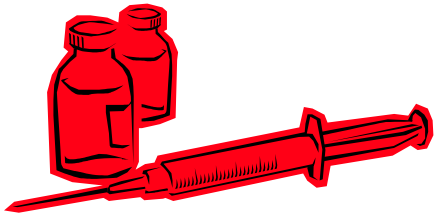


Influenza Vaccine



- There are 4 components in the quadrivalent vaccine *(2 Type A & 2 Type B)* and 3 components in trivalent vaccines *(2 Type A & 1 Type B)*
  - Tailored to match the strains projected to be in circulation

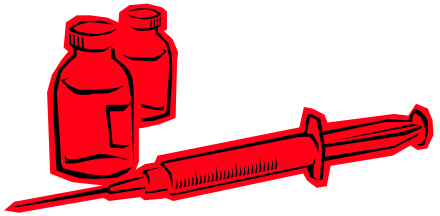
Influenza Vaccine



Inactivated (killed) vaccines:

- The vaccine cannot cause influenza disease
- The virus is grown in hen eggs, inactivated, broken apart and highly purified
- The vaccine may contain:
  - Thimerosal (preservative in multidose vials)
  - Trace residual amounts of egg proteins, formaldehyde, Triton X-100 (an emulsifier), ethanol, and sucrose
- Check the product monograph for a full list because ingredients vary by vaccine.

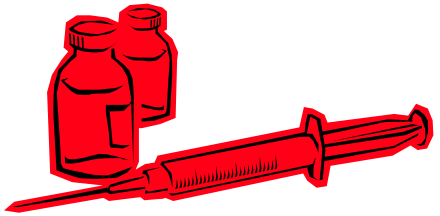
Influenza Vaccine



Inactivated (killed) vaccines (con't):

- Both humoral and cell-mediated responses play a role in immunity.
- Administration of inactivated influenza vaccine results in the production of IgG antibodies to the virus
- A cytotoxic T lymphocyte response is also initiated
- Humoral antibody levels, which correlate with vaccine protection, are generally achieved 2 weeks after immunization; immunity usually lasts less than one year
- Initial antibody response may be lower in the elderly and in individuals who are immunocompromised.

Influenza Vaccine



- Children between 6 months of age up to and including 8 years of age ***require 2 doses <u>the first year</u> they get a seasonal influenza immunization.***
  - Only require 1 dose in subsequent years

- Everyone else only needs 1 dose each influenza season

Effectiveness of Influenza Vaccines

Vaccine effectiveness depends on the similarity between vaccine strains and the strains in circulation during influenza season, as well as individual factors.

Effectiveness of Influenza Vaccines

- The body's immune response from vaccination diminishes within a year.
- Influenza viruses change frequently, so the vaccine is updated each year to keep up with the changes.

The Ever-Changing Virus

Influenza viruses undergo continuous change in two ways:

1. The first, known as antigenic drift occurs when small genetic mutations lead to changes in the surface proteins of influenza viruses.
2. The second is when influenza A virus undergoes a significant and abrupt change which is known as antigenic shift. Influenza pandemics occur when most humans have little or no immunity to a novel influenza A virus which leads to sustained human-to-human transmission and community-wide outbreaks.

Alberta Public Health Disease Management Guidelines – Seasonal Influenza, Sept 2022

Effectiveness of Influenza Vaccines

- Vaccine efficacy of 50% or lower in healthy adults has been identified during select seasons of vaccine mismatch.

- A vaccine that is not perfectly matched can still offer protection against related viruses making illness milder and preventing complications.

Effectiveness of Influenza Vaccines

Fluzone™ High Dose (HD) vaccine:

- there is good evidence that Fluzone™ HD provides better protection compared to Fluzone™ standard dose (SD) in adults 65 years of age and older.
  - Rates of seroconversion about 19% higher for 65 years and older (range: 8 – 39%)
  - Higher rates of seroconversion also noted for those 75 years and older.

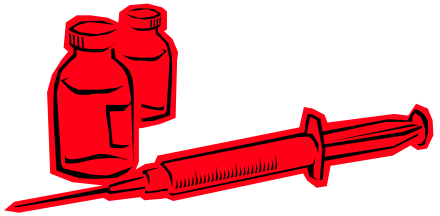
2022 SEASON PROGRAM OVERVIEW

Co-administration with COVID-19 & other Inactivated Vaccines

- Alberta Health has determined that COVID-19 vaccines may be co-administered with, or at any time before or after other inactivated or live vaccines (dTap, Hepatitis B, Influenza, HPV, PNEUMO-P, MMR etc.) to those 5 years and over.

- **COVID-19 and influenza immunizations can be given at the same visit (separate syringes with adequate spacing) or without having to worry about spacing between the two vaccines.**

Influenza Vaccine



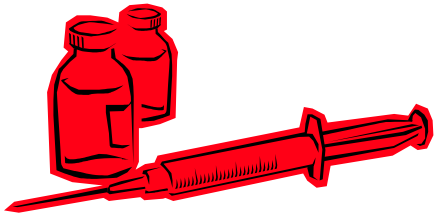
Two quadrivalent inactivated influenza vaccines will be used for the universal influenza program:

- **Fluzone®**
- **FluLaval®Tetra**

One quadrivalent inactivated influenza vaccine is available for individuals 65 years of age and older

- **Fluzone® HD (High Dose)**
  - Has 4 times the amount of antigen than "regular" Fluzone®

Influenza Vaccine



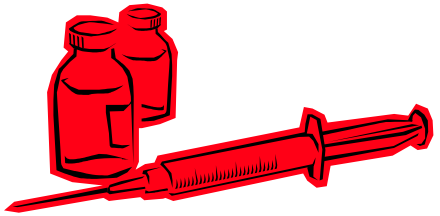
2021 – 2022 components in influenza vaccines:

- **A/Victoria**/2570/2019 (H1N1) pdm09 - like strain
- **A/Darwin**/9/2021(H3N2)-like strain NEW!
- **B/Phuket**/3073/2013 (B Yamagata lineage)-like strain
- **B/Austria**/1359417/2021 (B/Victoria lineage)-like strain NEW!

Changes from last year's vaccine:

- 1 A strain is different
- 1 B strain is different

Immunization



- The universal program is for anyone 6 months of age and older who lives, works or studies, or is temporarily visiting in Alberta.
  - Includes those on visiting from other provinces
  - Can provide influenza immunization to individuals working in the community even if they don't live there
- There is a focus on increasing uptake for:
  - People at high risk of influenza-related complications or hospitalization (identified on slide following)
  - People capable of transmitting influenza to those at risk (identified on slide following)

People at high risk of influenza-related complications or hospitalization:

- All pregnant women
- People of any age who are residents of nursing homes and other chronic care facilities
- Adults 65 years of age and older
- All children 6–59 months of age
- Indigenous peoples

Adults and children with the following chronic health conditions:

- cardiac or pulmonary disorders (includes bronchopulmonary dysplasia, cystic fibrosis, and asthma)
- diabetes mellitus and other metabolic diseases
- cancer, immune compromising conditions (due to underlying disease, therapy or both)
- renal disease
- anemia or hemoglobinopathy
- neurologic or neurodevelopmental conditions
- morbid obesity (body mass index [BMI] of 40 and over)
- children 6 months to 18 years of age undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza

Source: 2022 NACI Statement: List 1 of section II

People capable of transmitting influenza to those at risk:

- health care and other care providers in facilities and community settings
- household contacts, both adults and children, of individuals at high risk, whether or not the individual at high risk has been vaccinated:
  - household contacts of individuals at high risk
  - household contacts of infants less than six months of age, as these infants are at high risk but cannot receive influenza vaccine
  - members of a household expecting a newborn during the influenza season
- those providing regular child care to children 0 to 59 months of age, whether in or out of the home
- those who provide service within closed or relatively closed settings to people at high risk (e.g. crew on a ship)

Source: 2022 NACI Statement: List 1, section II

NACI statement 2022

- Health Care Workers who have direct patient contact should consider it an essential component of their standards of care to receive influenza immunization as a way to protect themselves and their patients.
- This should be considered part of their responsibility to provide the highest standard of care.

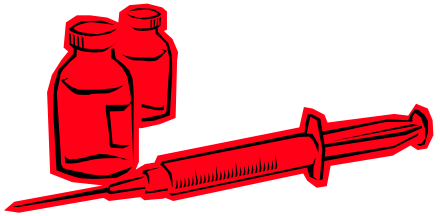
The National Advisory Committee on Immunization (NACI) is a national advisory committee of experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health.

Others:

- People who provide essential community services
- People who are in direct contact with poultry infected with avian influenza during culling operations

Source: 2022 NACI Statement: List 1 of section II

Influenza Vaccine

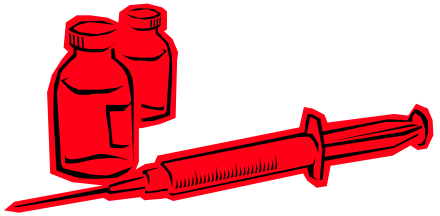


	Fluzone® (QIV) (Sanofi Pasteur)	FluLaval Tetra™ (QIV) (GlaxoSmithKline)
Strains included	• **A/Victoria/**2570/2019 (H1N1) pdm09 - like strain • **A/Darwin/**9/2021 (H3N2)-like strain • **B/Phuket**/3073/2013 (B Yamagata lineage)-like strain • **B/Austria**/1359417/2021Victoria lineage)-like strain	
Licensed for	6 months of age and older	6 months of age and older
Packaging	Single dose: pre-filled syringe Multi-dose: 5 mL vial	Multi-dose: 5 mL vial
Ingredients	• Formaldehyde • Triton X-100 (prevents aggregation and precipitation) Multidose vials also contain: • Thimerosol See monograph for complete list	Multidose vials contain: • Thimerosol • Trace amounts of formaldehyde, egg proteins, ethanol • Polysorbate 80 See monograph for complete list

Fluzone High Dose

- For the 2022 flu program:
  - **High Dose quadrivalent** influenza vaccine.
  - Fluzone™ High Dose will be provided for anyone 65 years of age or older; the same as last year

Influenza Vaccine



	Fluzone ™HD (QIV) Sanofi Pasteur (High Dose)
Strains included	• **A/Victoria/**2570/2019 (H1N1) pdm09 - like strain • **A/Darwin/**9/2021 (H3N2)-like strain • **B/Phuket**/3073/2013 (B Yamagata lineage)-like strain • **B/Austria**/1359417/2021(B/Victoria lineage)-like strain
Licensed for	• 65 years of age and older
Program use	• 65 years of age and older
Packaging	Single Dose: Pre-filled syringe
Ingredients	• 60 µg hemagglutinin (HA) ○ 4 times more than in standard dose vaccine • Formaldehyde • Sodium phasphate • Egg protein, propagated in embryonated chicken eggs • Triton X-100 See monograph for complete list

Age	QIV	QIV High Dose	# of Doses
Infants under the age of 6 months	Not eligible	Not eligible	Not eligible
Individuals 6 months up to and including 8 years of age who HAVE NOT received influenza vaccine in a previous season:	0.5 mL IM	Not eligible	2 doses, 4 weeks apart
Individuals 6 months up to and including 8 years of age who HAVE received influenza vaccine in a previous season:	0.5 mL IM	Not eligible	1 dose
Individuals 9 to 64 years of age:	0.5 mL IM	Not eligible	1 dose
Individuals 65 years of age and older:	0.5 mL IM	0.7 mL IM	1 dose of either QIV or QIV HD (high dose should be offered as first option)

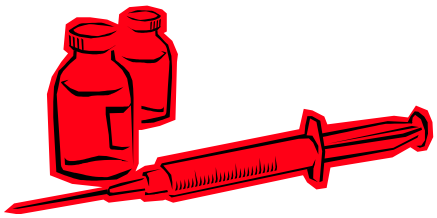
Influenza Vaccine

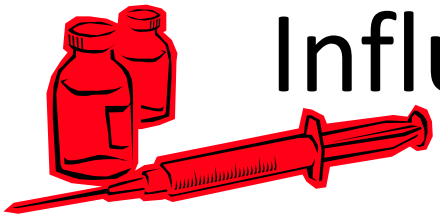
- Multi-dose vials and prefilled syringes must be shaken well before each dose:
  - will be clear to slightly off white suspension.

- Multi-dose vials: discard 28 days after first puncture into the vial.

- Do not freeze. Protect from light.

MDV = Multi-Dose Vial; PFS = Pre-filled Syringe

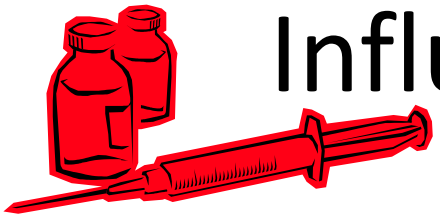




Influenza Vaccine Reactions

Side effects from the vaccine tend to be mild and go away in a few days. They include:

- Redness, swelling, bruising, or feeling sore at the injection site
- Crying, feeling tired, or getting upset
- Headache
- Fever or chills
- Body aches or sore joints
- Loss of appetite
- Nausea, stomach pain, vomiting, loose stool
- Sore throat, cough or runny nose



Influenza Vaccine Reactions

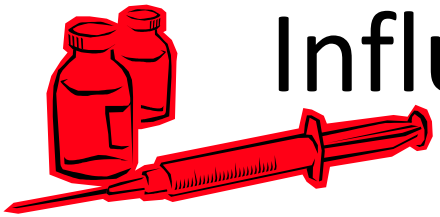
Uncommon:

- Lymphadenopathy, dizziness, cough, rash, upper respiratory tract infection, injection site pruritus.

Rare:

- Anaphylaxis, allergic reaction, Guillain Barré Syndrome (GBS), oculo-respiratory syndrome (ORS).

- As with any immunization, unexpected or unusual side effects can occur. Refer to product monograph for more detailed information.



Influenza Vaccine Reactions

- Fluzone™ HD (high dose):
  - Injection site and systemic reactions more frequent with high dose vaccines
    - Higher rates of malaise, myalgia and moderate to severe fever
    - Most systemic reactions are mild and resolve within 3 days.
    - Severe adverse events are rare and similar to standard dose vaccines

Influenza Vaccine **Contraindications**

- Infants under 6 months of age cannot receive the vaccine
- Anaphylactic or allergic reaction to a previous dose of influenza vaccine or to any constituent of the vaccine
- Known hypersensitivity to any component of the vaccine -excluding eggs.
- Known history of severe oculo-respiratory syndrome (ORS) that included lower respiratory symptoms within 24 hours of receiving influenza vaccine (contact CDC Team to have MOH review)
- Individuals who developed Guillain Barré Syndrome (GBS) within 6 weeks of previous influenza immunization.

Influenza Vaccine Precautions

NACI states:

- Egg allergy is NOT a contraindication for influenza immunization. Individuals severely allergic to eggs should be monitored for 30 minutes following immunization.
- Egg-allergic individuals may be vaccinated against influenza using any appropriate product without prior influenza vaccine skin test and without any particular consideration, including immunization setting.

2022 NACI Statement: List 1 section II

Vaccine Deferral

- Vaccine may be deferred for individuals presenting with acute febrile illness
    - Recommend to be immunized when symptoms have resolved.
- Vaccine <u>can</u> be safely given to:
  - Individual with mild acute illness, with or without fever
  - Individuals recovering from illness or who are taking antibiotics or antivirals (eg. Tamiflu)

GBS, ORS AND AEFI REPORTING

Guillain Barré Syndrome (GBS)

- GBS illness affects the nervous system
  - Rare: general risk is about 2 cases/100,000 person years
  - Characterized by muscle weakness and sometimes paralysis, usually beginning in the legs
  - Complete or near complete recovery in most cases
- GBS is thought to be triggered by an infection
  - Campylobacter jejuni infection most commonly precedes GBS
  - Other respiratory or intestinal illness have preceded GBS (i.e. Cytomegalovirus, Epstein-Barr Virus, *Mycoplasma pneumoniae*)

Guillain Barré Syndrome (GBS)

- In 1976, the “swine flu” vaccine was associated with increased risk of GBS: not found with any other vaccines since
- Absolute risk of GBS after influenza vaccine is about 1 excess case per 1,000,000 vaccines above background rate of 10 – 20 cases/million
- Risk of GBS associated with *influenza infection* is much greater than that associated with the immunization

It is recommended that you DO NOT provide influenza immunization to people who have been diagnosed with GBS within 6 weeks of a previous influenza immunization.

Oculorespiratory Syndrome (ORS)

ORS Case Definition: **(onset within 24 hours of immunization)**

- bilateral red eyes

  and

- one or more respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) **with or without** facial swelling

Immunization recommendations following client reported ORS are based on:

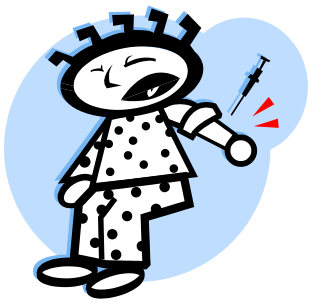
- Risk/benefit
- Severity of symptoms as perceived by the individual who experienced the symptoms

Contact the CDC Team to have MOH review.

Adverse Reaction Reporting

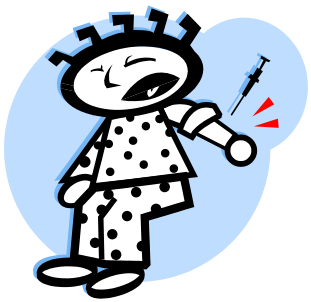
Local reactions are reportable if they have:

- Onset within 48 hours following immunization ***and***
  - Swelling that extends past the nearest joint ***or***
  - Severe pain that interferes with the normal use of the limb lasting ≥ 4 days ***or***
  - Reaction requires hospitalization



Adverse Reaction Reporting

- Any of the following are also reportable adverse reactions:
  - GBS
  - ORS
  - Anaphylaxis – report immediately after treating
  - Other allergic reactions
  - Any unexpected reaction



Adverse Reaction Reporting

- Use Alberta Health form: “Report of Adverse Reaction following Immunization”
  - only available on FNIHB Onehealth Website
  - speak to FNIHB CDC Team before completing
  - send completed form to FNIHB CDC Team
  - expect written response from FNIHB CDC Team

- Severe reactions are reportable within **24 hours**. All other reactions within one week.

PNEUMOCOCCAL DISEASE AND VACCINES

Why is Pneumo-Polysaccharide (Pneumo-P) Important?

- Protects against 23 common types of *Streptococcus pneumoniae* that can cause bacterial pneumonia and other serious infections like bacteremia and meningitis
- Vaccine offered to certain groups of individuals who are more at risk of serious illness
- Bacteria becoming resistant to some antibiotics
- Vaccine effectiveness related to age and immune competency of individual immunized
  - Only protects against serotypes included in vaccine
  - Vaccine is 56 – 81% effective in preventing invasive pneumococcal disease (IPD)

Recommended Pneumo-P Recipients

Routine:

Those 65 years of age and older, ***regardless of previous Pneumo-P*** (minimum space: 5 years)

Medically at Risk:

- Individuals 24 months up to and including 64 years of age with chronic conditions.
- Individuals 24 months up to and including 64 years of age in high risk settings:
  - Homeless/shelters
  - Long term care settings

Recommended Pneumo-P Recipients

- A one-time reinforcing dose of Pneumo-P is recommended ONLY for individuals at highest risk of invasive pneumococcal disease.
  - See current pneumococcal biological pages for details
  - This one time dose is given 5 years after initial dose
- Individuals 65 years and older should receive one dose of Pneumo-P regardless of # of previous doses
  - Ensure any dose is at least 5 years after any previous dose

Polysaccharide Pneumococcal Vaccine

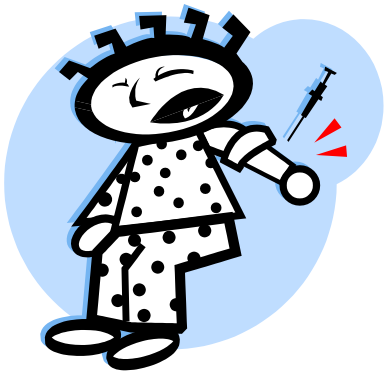
Product used: Pneumovax 23®, produced by Merck

- Pneumo-P can be administered either SC or IM, but it is recommended to use IM in deltoid.

- FLU and Pneumo-P can be administered during the same visit; using separate syringes at different sites

Pneumo-P Reactions

- Very common:
  - Injection site soreness, redness and swelling
- Common:
  - Fever > 38.5
  - Headache, malaise, chills
- Rare:
  - Large amount of swelling and pain
  - Nausea and vomiting
  - General rash



Pneumo-P **Contraindications**

- Children less than 24 months of age
- Known sensitivity to any vaccine component
- History of anaphylactic reaction to any previous dose of vaccine
- Special considerations need to be given to clients undergoing splenectomies, transplants or immunosuppressive therapy. Discuss with CDC team.

A Quick Word about Pneumococcal 13-valent Conjugate Vaccine (Prevnar® 13)

- Part of the routine child immunization schedule
- Adults High Risk for IPD are eligible for a dose
  - Eg. HIV infection, Cancers, Immunosuppressive Txs.
  - See Biological Page for complete list of indications.
- If a Prevnar®13 dose is indicated:
  - Give minimum of 8 weeks before Pneumo-P
  - If Pneumo-P was given 1st, must wait 1 yr before giving.

VACCINE MANAGEMENT

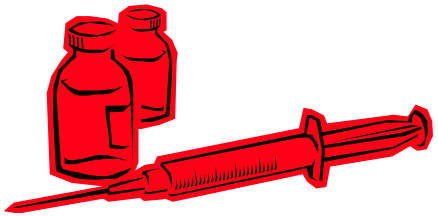
Vaccine Management

Communicate with your vaccine depot regarding influenza vaccine ordering and delivery schedules.

- # of doses shipped are based on doses administered last year
- Add influenza doses into AVI inventory as soon as received
- Reconcile in AVI Every Monday before 21:00h (9PM)

Vaccine Management

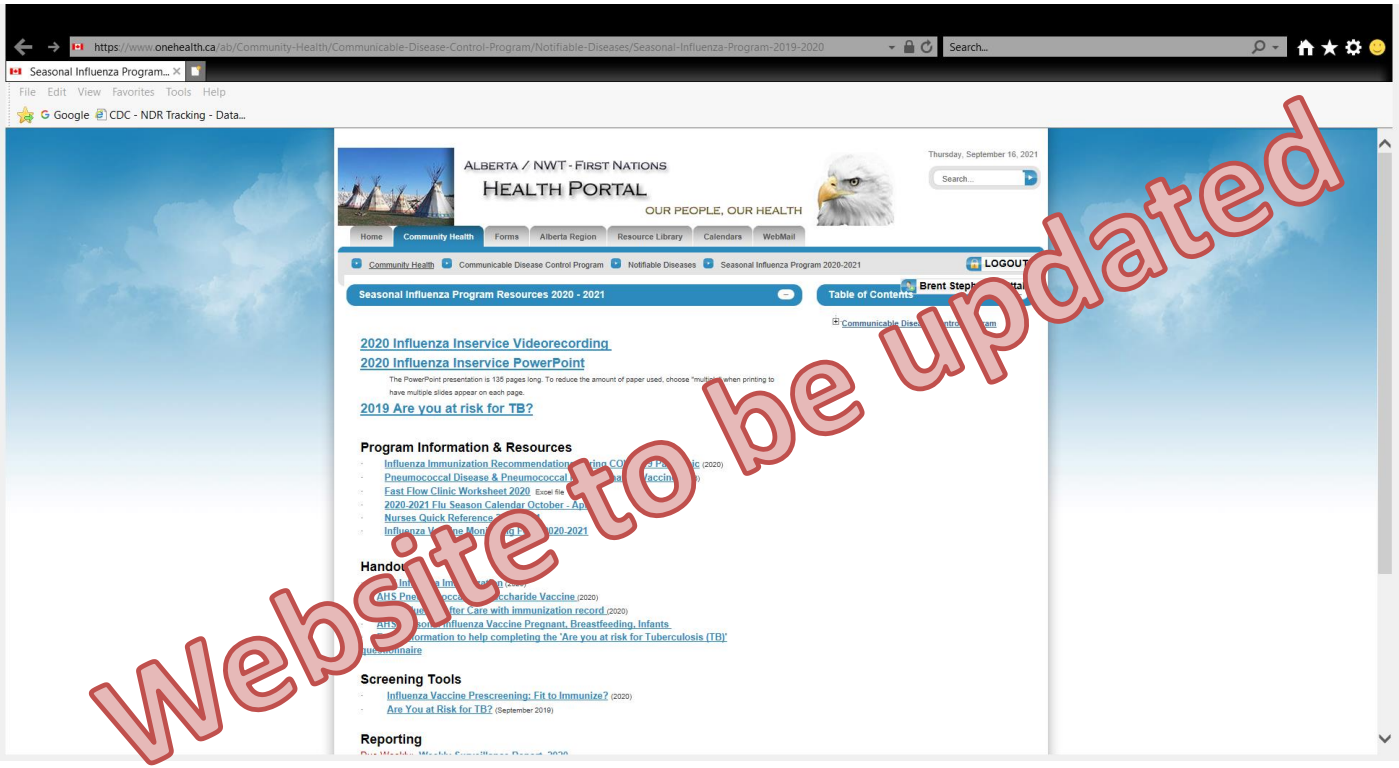
- All multidose vials must be dated upon opening.
- Check expiry date of all products being administered
- Communicate use of nearly expired vials to other staff members
- Vaccine should be withdrawn from the vial by the immunizer administering the vaccine
- Do not mix vaccine from different vials
- Do not pre-draw vaccine



PROGRAM INFORMATION

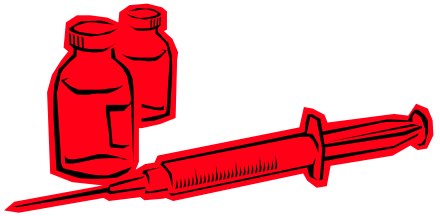
Program Information

General resources will be in the Influenza section on OneHealth.



IMMUNIZATION

Immunization



October 3, 2022/when vaccine received:

Soft roll out – not advertised:

- Can begin immunizing individuals at greatest risk (HCW, home care clients, etc.)
- Can include influenza vaccine as part of routine childhood immunization clinics, include child and anyone who accompanies them.

October 17, 2022:

- Advertised Influenza vaccine clinics can begin.

Pneumo-P is offered throughout the year and can be given at same time as influenza vaccine

Who Can Immunize

In order to be part of the Influenza immunization team, **all nurses, LPNs and paramedics *must* participate in or view the recording of this in-service**.

- Resources:
  - Influenza Program resources on OneHealth
  - Anaphylaxis Module
  - Best Practices: Vaccine Management

Who Can Immunize

- Following this presentation, RNs (public health and home care) and NPs **who hold a current*** FNIHB Immunization Provider Certificate:
  - ***can*** provide Influenza and/or Pneumo-P immunizations ***for all ages*** if they have the knowledge, skills, and competence to administer the vaccine

Who Can Immunize

Following this presentation:

- RNs (public health and home care) and NPs who ***do NOT hold a current*** FNIHB Immunization Provider Certificate:
  - ***can*** provide Influenza and/or Pneumo-P immunizations for eligible clients ***older than 5 years of age if*** they have the knowledge, skills, and competence to administer the vaccine
- LPNs ***can*** provide Influenza and/or Pneumo-P immunizations for eligible clients ***older than 5 year of age*** if they meet CLPNA's requirements and have the knowledge, skills and competence to administer the vaccine. *(see next slides)*

Who Can Immunize

LPNs and Immunization:

The Council of the College of Licensed Practical Nurses of Alberta (CLPNA) updated their policy *"Practice and Education Requirements for Restricted Activities and Advanced Practice"* effective February 1, 2020.

- Immunization no longer requires Registrar authorization and authorization will not be noted on the practice permit.
- Any LPN who graduates in Alberta after June 2022 will have education on administering immunizations as part of their diploma program.

Who Can Immunize

Guidance for current LPNs:

- LPNs who have “Immunization Specialty” on their practice permit:
  - May continue to administer vaccines without need for further education/training.
- LPNs who do NOT have “Immunization Specialty” on their practice permit:
  - Must take additional training/education prior to administering immunizations
  - CLPNA website has a module on administering immunizations: available to members at no cost.

Note: Contact CLNPA if more information or guidance is needed.

Who Can Immunize

LPNs and Immunization:

LPNs who want to provide routine immunizations in addition to influenza and Pneumo-P should contact the FNIHB Nursing Education Team to review the process and requirements.

Who Can Immunize

Paramedics and Immunization

- There are different levels of emergency responders:
  - EMR: emergency medical responder
  - PCP: primary care paramedic
  - ACP: advanced care paramedic

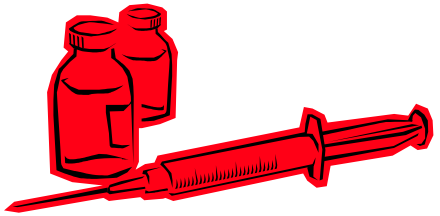
- Administering vaccines falls within Authorized Restricted Activities for PCP and ACP.

Province of Alberta, Health Professions Act: Paramedics Profession Regulation. Alberta Regulation 1151-2016

Who Can Immunize

- The Nursing Education team has updated the *Mandatory Inoculist Certification and Re-certification Program* policy and guidelines for primary care and advanced care paramedics.
  - Attending or viewing the *Annual Influenza Program Overview* is part of the requirement

Immunization Process

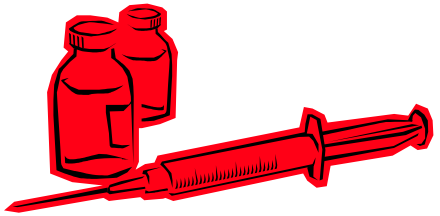


Fit to immunize:

- The immunizer will:
  - Assess the need for immunization
  - Confirm the client has not received a dose of influenza vaccine in the 2022-2023 season
  - Complete a fit to immunize assessment
    - Health status today
    - History of allergies
    - Previous reactions
    - Contraindications
    - Chronic illness/medications
    - Pregnancy

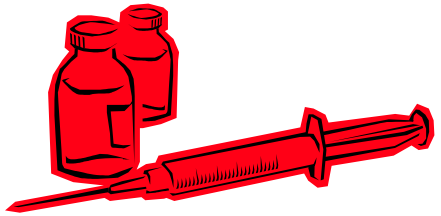
Resource:
"Influenza Vaccine Pre-Screening" tool

Immunization Process



- Must obtain “informed consent”
  - Risks and benefits of influenza vaccine (and Pneumo-P) should be discussed prior to vaccination, as well as the risks of not getting immunized
  - Do not need signature if the individual presents at a “flu clinic” and bares injection site
  - Children presenting without parent/guardian will need signed consent form or verbal consent from the parent/guardian
  - Follow residential facility consent process when providing immunization in care facilities

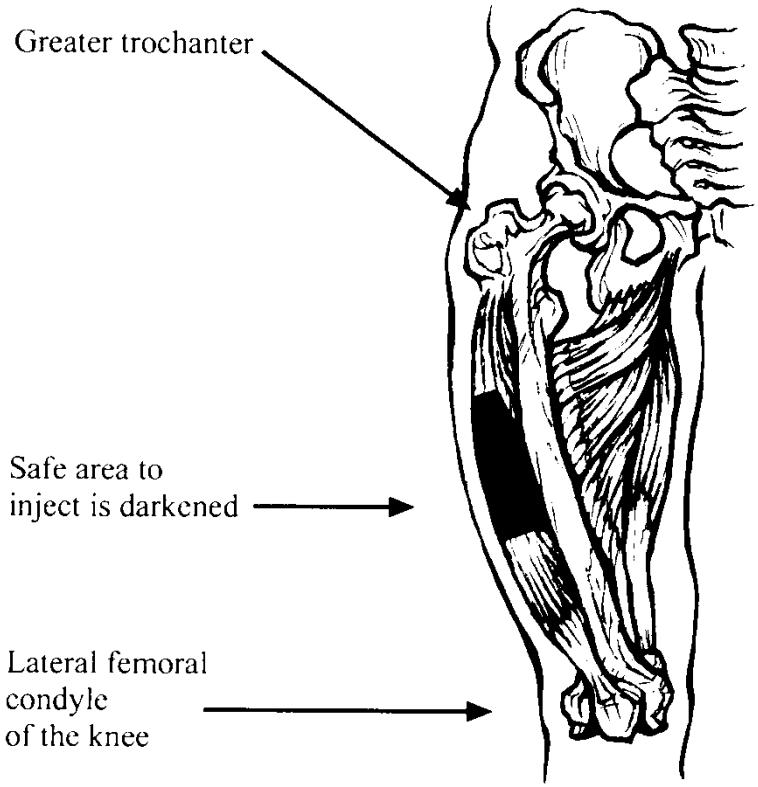
Intramuscular Injections



Children < 12 months old

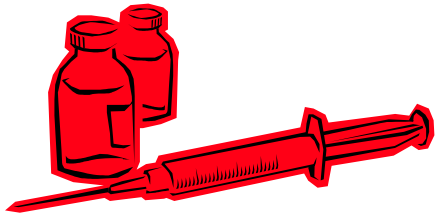
- 3 mL syringe
- 25G 1” needle
- insert at 90 degree angle
- vastus lateralis - middle third of anterior thigh and slightly lateral to the midline

Note: This site can be used for children older than 12 months of age with inadequate deltoid muscle mass.



Vastus Lateralis Site

Intramuscular Injections

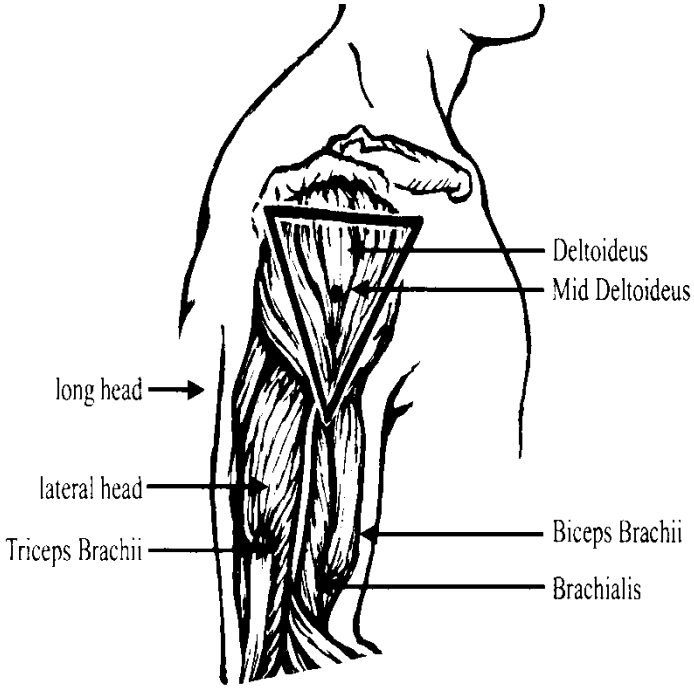


Children ≥ 12 months old

- 3 mL syringe
- 25G 1” needle
- insert at 90 degree angle
- mid portion of deltoid

Adults

- 3 mL syringe
- 25G - 1” to 1½” needle depending on muscle mass and adipose tissue
- insert at 90 degree angle
- mid portion of deltoid



Deltoid Site

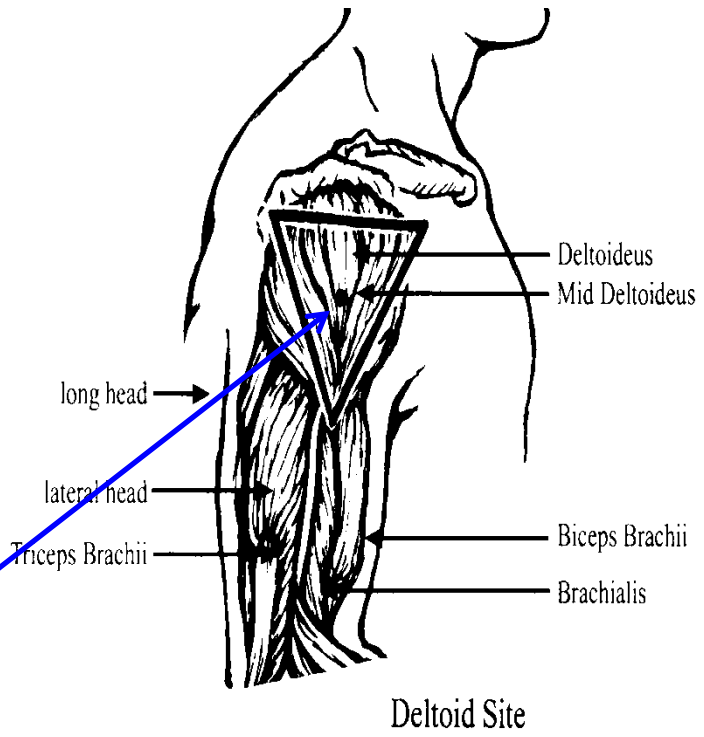
Importance of Accurate Land-marking

Shoulder Injury Related to Vaccine Administration:

- Sequelae of immune response to direct intracapsular injection
- Typical History/Symptoms:
  - Absence of prior shoulder dysfunction
  - Rapid onset of pain
  - Limited range of motion
  - Persists weeks/months

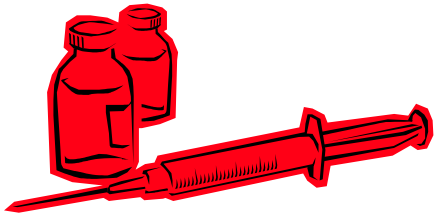
✓ **Ensure correct needle length is used, correct depth**

✓ **Ensure site of injection avoids the top 1/3 of deltoid**



Applied Radiology, 2014;43(12):30 – 31 "Shoulder Injury Related to Vaccine Administration."
http://www.medscape.com/viewarticle/837089

Intramuscular Injections



Women with history of mastectomy, lumpectomy or other breast surgery:

- Single Mastectomy:
  - One vaccine: give IM in arm opposite to mastectomy.
  - Two vaccines: give both IM in arm opposite mastectomy with a minimum of 1” apart.

- Double mastectomy:
  - One vaccine: give IM in Vastus Lateralis.
  - Two vaccines: give both IM in Vastus Lateralis with a minimum spacing of 1” apart.

- Discard all influenza vaccine and influenza resources from previous years.

Resource: Anaphylaxis Guidelines

Everyone involved in immunization must review the Guidelines for the Management of Anaphylaxis Related to Immunizations document.

ANAPHYLAXIS AND FAINTING

Anaphylaxis

- Potentially life threatening allergic reaction
- Very rare (about 1 per 1,000,000 doses) but should be anticipated with every client
- Pre-immunization screening can prevent episodes
- Every immunizer should be familiar with the symptoms of anaphylaxis and be ready to initiate appropriate interventions
- Most reactions begin within 15 minutes of immunization

- All clients should be encouraged to wait 15 minutes after immunization.
  - Clients with known anaphylactic allergies, and clients with severe egg allergies should be monitored for 30 minutes after immunization

Anaphylaxis Management

- ***All immunizers must review Anaphylaxis Guidance in the:***
  a. Canadian Immunization Guide available on-line
     - Part 2: Vaccine Safety
     - Anaphylaxis and other Acute Reactions following Vaccination
  b. ISC CDC Guidelines for Management of Anaphylaxis – on OneHealth

Anaphylaxis Management

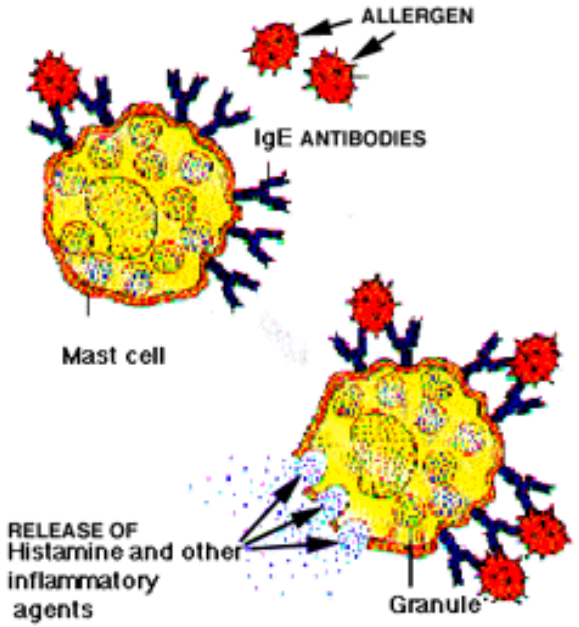
- Immunization related anaphylaxis protocol has NOT Changed.
  - Reminder that oral Benadryl is only to be used in High Alert situations.

- The epinephrine auto-injectors provided to the health centre (pediatric and adult versions) are for use as per the “Protocol For Management of Non-Immunization Anaphylaxis” ONLY.

Quick Anaphylaxis Review

A quick & excessive release of Histamine causes:

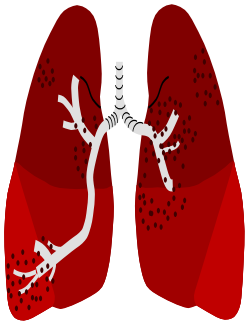
- Plasma to leave capillaries and enter tissues
  →++ swelling, trouble breathing
- Vasodilation of capillaries and arterioles
  →low blood pressure
- Smooth muscle contraction
  →trouble breathing, GI problems
- Increased mucous production
  →trouble breathing



Quick Anaphylaxis Review

Respiratory:

- dyspnea - wheezing - sneezing
- choking - drooling
- cyanosis – angioedema - tightness in throat/chest



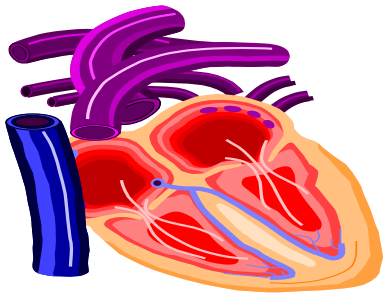
Dermatologic (skin):

- urticaria - erythema - pruritus
- flushing - pale/grey - facial swelling
- tingling of mouth or face followed by a feeling of warmth

Quick Anaphylaxis Review

Vascular Collapse (cardiovascular)

- rapidly falling blood pressure
- sweating
- rapid, thready pulse
- a feeling of uneasiness, restlessness or anxiety
- weakness or dizziness
- throbbing in the ears or a headache



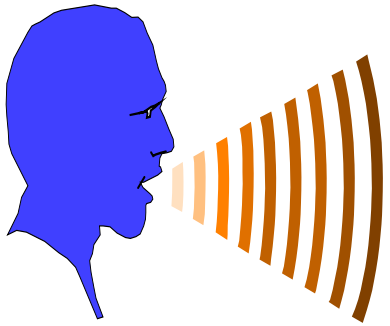
Gastrointestinal:

- nausea, vomiting
- diarrhea
- abdominal cramps

Anaphylactic shock intervention

The Initial Response …

- Call for help
- Lie the client on his/her back with feet elevated, if possible
- Loosen restrictive clothing around the neck
- Establish an adequate airway
- Note the time
- Initiate anaphylaxis protocol



What would you do?

Would you give this child epinephrine? Why or why not?

If in doubt, give!

Failure to administer epinephrine promptly is more dangerous than administering it in a situation where anaphylaxis is not truly present.

Fainting after Immunization

- Also known as **syncope or vasovagal syncope**
  - Triggered by a stimulus (anxiety) that causes an exaggerated response in the part of the nervous system that regulates involuntary body functions (heart rate, blood flow)
  - When a stimulus triggers an exaggerated response, both heart rate and blood pressure drop, quickly reducing blood flow to the brain and leading to loss of consciousness

Fainting after Immunization

- In about 25% of cases, reduced blood flow can result in jerking movements that resemble seizures
  - More common when fainting occurs soon after immunization and disappears when consciousness is regained

- Clients fainting due to vasovagal syncope recover quickly, usually within seconds or a few minutes

Symptoms of Fainting

Musculoskeletal:
- Muscles relaxed
- Weakness
- Incontinence (rare)
- Clonic jerks of limbs and face

Respiratory
- Normal or yawning

Dermatologic
- Pallor/grey colour – sweating

Gastrointestinal
- Vomiting, nausea

Cardiovascular
- Hypotension, Slow weak pulse
- Ringing in ears

Neurological
- Light headedness, dizziness
- Spots before the eyes
- Dazed
- Unconsciousness

Facts about Fainting

- Clear incidence peak in age 10 to 19 years of age, with smaller peak at 4 to 6 years
  - After the age of 20 years, the incidence decreases with age
- 57.5% occur in females
- Incidence of fainting is under-reported
- Most cases occur within 5-15 minutes of immunization
- Fainting can result in head trauma if a client falls
  - The goal is to prevent falls

Tips to Prevent Fainting

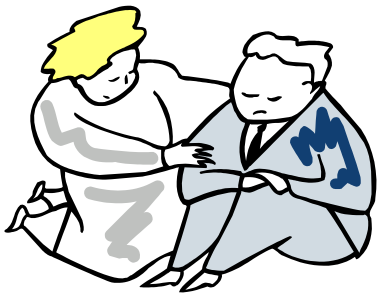
- ✓ Administer vaccine while client is seated
- ✓ Maintain a calm and confident manner
- ✓ Observe anxious clients while seated until anxiety has resolved after immunization
- ✓ Have clients with a history of fainting lie down prior to administering the vaccine
- ✓ Clients with pre-syncopal symptoms *(such as dizziness, anxiety, pallor, perspiration, trembling, or cool clammy skin)* should sit or lie down until symptoms resolve

Assisting Clients after Fainting

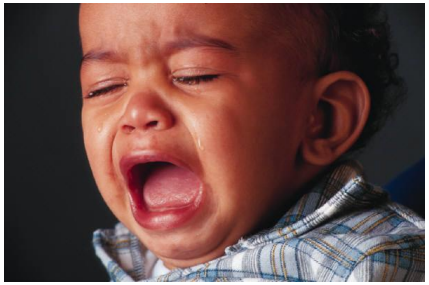
- Assist the client to lay down with feet elevated
- Ensure the client's airway is open (ABCs)
- Monitor for signs of allergic reaction
- Call for assistance if needed
- Cover client with blanket for warmth if available
- Wipe client's forehead with cool damp cloth
- Can offer fluids
- Have the client resume a standing position in stages (sit, stand, walk)
- Observe the client until the symptoms have resolved

Anxiety Spells

- Symptoms:
  - Fearful, pale, diaphoretic
  - Complains of light headedness, dizziness, numbness, and tingling of face and extremities
  - Hyperventilation
- Treatment
  - Reassurance
  - Instruct to relax and breathe slowly



Breath Holding



- Occurs in young children when upset
  - Suddenly become quiet but still very agitated
  - Facial flushing and perioral cyanosis
  - Often ends with resumption of crying, or a brief period of unconsciousness during which time breathing resumes
- Treatment:
  - reassurance

INFECTION PREVENTION AND CONTROL

Infection Prevention and Control

- Hand hygiene is critical
  - Must be done between each client
    - ✓*Waterless hand gel*
  - Hand creams to maintain skin integrity
- Gloves are ***not*** recommended during immunizations
- "Respiratory Etiquette" protocol.

Infection Prevention and Control

- Vaccine Administration
  - Ensure a clean workspace
    - Clean surface at start and end of day
    - Establish clean work area (blue pad, professional towel, etc.)
      - Avoid placing papers, pens in this area

- Sharps management
  - Use safety syringes and needles
  - Sharps disposal at point of contact

COVID-19 Context Guidelines

COVID-19 Awareness Resources
Help Reduce the Spread of COVID-19 (various languages)
Post COVID-19 condition

Indigenous Services Canada
COVID-19 and Indigenous Communities
COVID-19 Resources and Videos (various languages)
A Layered Approach to Protect Against COVID-19 (Infographic)
Communication Resources for Community Health and Safety

Information Bulletins

- Medical Officer of Health Information Bulletins
- COVID-19 Update for Chiefs

Community Member Awareness

- Steps to Take to Prevent the Spread of COVID-19
- Quarantine and Isolation
- Protect Our Elders
- Mental Health and Family Violence Resources

Stigma and COVID-19

- Resources

COVID-19 Funding

- Telehealth Mini-Series

COVID-19 Vaccine

- General Information and Resources
- Staff Orientation / Training
- Vaccine Clinic Resources

AH - AB Vaccine Storage and Handling for COVID-19 Vaccine
AH - Management of COVID-19 vaccine administration errors and deviations
AHS - Fit to Immunize Tool for COVID-19 Vaccine
AHS - COVID-19 Immunization Forms
AHS - Informed Consent for COVID-19 Immunization
AHS - Moderna Vaccine - Frozen Vaccine Biological Page
AHS - Moderna Vaccine – Frozen Vaccine - Pediatric Biological Page
AHS - Pfizer BioNTech Ultra Frozen Vaccine - Adult Biological Page
AHS - Pfizer BioNTech Ultra Frozen Vaccine - Pediatric Biological Page
GOA - COVID-19 Immunization: Prefilled Syringes Policy
ISC - COVID 19 Vaccine Clinic Planning Guide
ISC - Planning for Off Site Vaccine Clinics
ISC - Packing Insulated Vaccine Bags
ISC - Vaccinator Tip Sheet
ISC - Management of Anaphylaxis Post-Immunization Directive
ISC - CDC Guidelines for Management of Anaphylaxis
FPTI - Consensus Approach to Vaccine Wastage
Moderna Vaccine Product Monograph
Pfizer Bio-NTech Vaccine Product Monograph

- TempTale Temperature Data Logger
- Data Reporting
- Communications
- Handouts and Tools

COVID-19 Context Guidelines

- Key Components:
  - Screening:
    - self-screen for all staff
    - Process to screen clients (appointments, prior to entry)
  - Physical Distancing:
    - Scheduled appointments vs mass immunization clinic approach
    - Limit number of clients at any one time (including 15 minute post immunization wait time)
    - Ensure seating in any waiting area complies with 2 metre spacing
    - Ensure minimum of 2 metre spacing between each immunization station
    - One way traffic flow, i.e: entry→ waiting area→ immunization station → post immunization waiting area → exit.

COVID-19 Context Guidelines

- Infection Prevention and Control:
  - Masks must be worn by all staff and all clients
    - Exception: children younger than two, individuals with respiratory conditions, and those requiring assistance to don/doff masks
  - Hand hygiene: clients must perform hand hygiene upon entry to site
  - Environmental cleaning: cleaning of high touch areas at least twice daily, or when dirty.

COVID-19 Context Guidelines

- PPE guidance for Staff:
  - Procedure mask, eye protection (i.e. face shield, goggles) if 2 metre spacing not possible
    - Hand hygiene must be performed between clients
    - Mask and eye protection changed/disposed of :
      - If soiled, wet, damaged
      - When HCP goes on break
      - At end of shift.

COVID-19 Context Guidelines

- Other recommendations:
  - Minimize large groups
    - i.e. one immunizer : one person
  - Maintain list of staff/clients for each clinic
  - Signage to help with instructions
  - Consider various clinic formats in accordance with available resources/community context, e.g.:
    - Drive through immunization clinics
    - Immunize during home visits
    - Outreach/mobile clinics

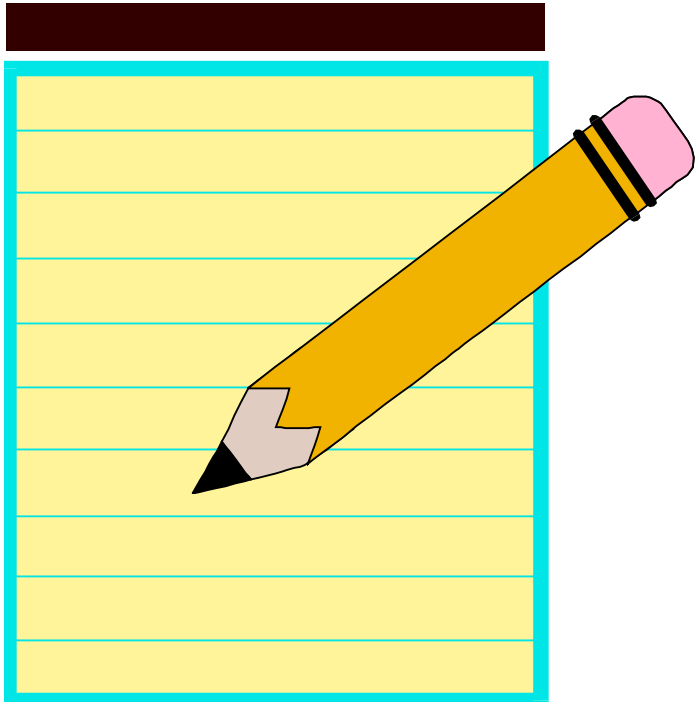
PHAC 2020: “Guidance for Influenza Vaccine Delivery in the presence of COVID-19”.

COVID-19 Context Guidelines

The FNIHB August 21, 2020 guidance document also includes recommendations for:

- Immunization clinics in Community Health Centres/Nursing Stations
- Immunizations during Home Care Visits or Door-to-Door campaigns
- Parking lot or drive through clinics
- Outreach or mobile clinics
- School-based clinics

Recording & Data Collection



Overall Objectives

- Immunization Coverage:
  - ***80***% of all persons ≥ 65 years of age
  - ***95***% residents of LTC facilities
  - ***80***% of HCWs
  - ***80***% of children 6 to 59 months of age
  - ***100***% assessment for Pneumo-P eligibility with all individuals presenting for influenza vaccine
- ***100***% TB assessment for chronically ill adults
  - See TB screening algorithms

FLU Reporting Requirements

Alberta Health has set the following reason codes for influenza immunization documentation in order of priority:

- Pregnant women
- Those 65 years and older
- Children 6 months to 59 months of age
- Individuals 5 through 64 years of age with chronic health condition/high risk population
- Household contacts of above
- Individuals 5 through 64 years not at high risk

When determining which code to pick, start at the top of the list and choose the first code that applies

note: Health care workers are no longer reported separately

No longer required

Every vaccine administered MUST have a code attached.

Alberta Health Reason Code Changes

- Instead of the previous list, one reason code is in use for 2022-2023:
  - Routine Recommended Immunization - Code 50

Immunization Reporting Requirements

- Weekly clinic summary of influenza doses administered
  - To be submitted by Monday, noon, for the previous week's activity ***if not*** submitting through CHIP.
- Influenza Annual Summary and Denominators:
  - Influenza Target Group Summary: Due Dec 31, 2022
- Annual summary of Pneumo-P and TB High Risk screening
  - due April 30, 2023.
- Adverse Reactions:
  - Submit reportable reactions *to Regional CDC* as they occur
  - Reminder to monitor for unexpected AEs.

Documents will be updated and placed on OneHealth

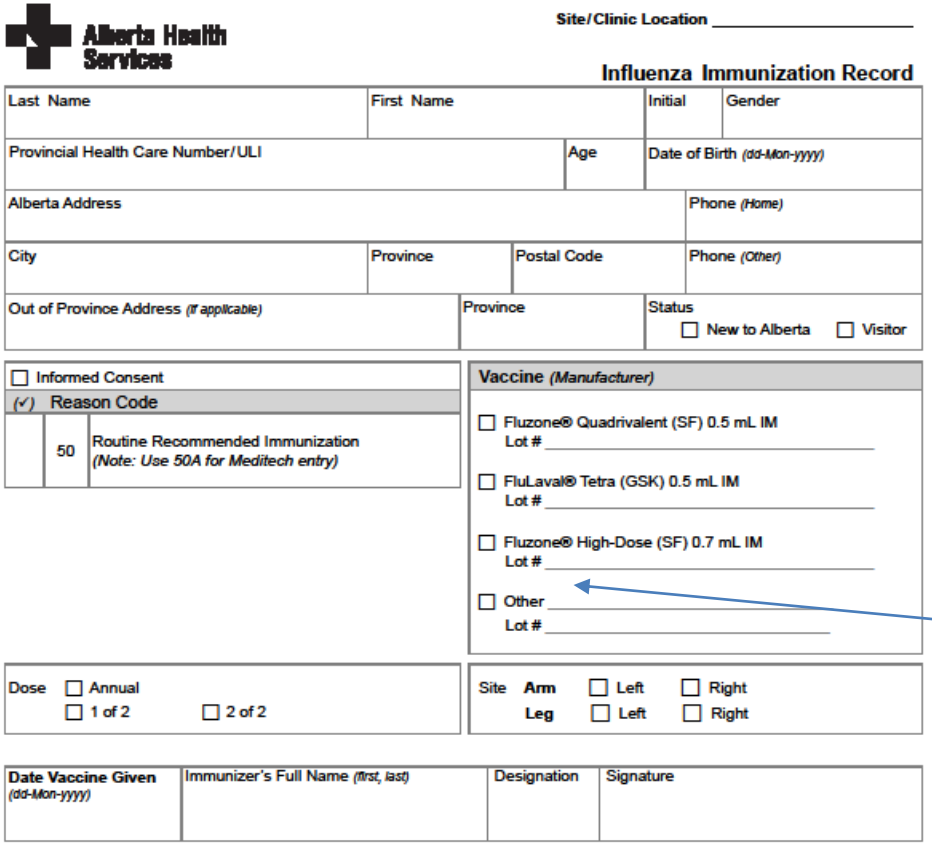
Immunization Documentation Requirements

Information to include when charting:

- Client demographic information
  - Full name, PHN, DOB, gender, full address
- Vaccine name, lot number
- Dosage administered, dose number
- Site of injection, route of administration
- Immunizer name, designation and signature
- Date of immunization

Influenza Immunization Record

- An electronic form is available:
  - It can be filled by typing information in, then printing, or
  - It can be printed then filled manually by writing the information on it
  - It does not specifically include Pneumo-P
    - use “other” section on record
    - Document dose given on immunization record



Alberta Health Services

Site/Clinic Location _____

Influenza Immunization Record

Last Name	First Name	Initial	Gender

Provincial Health Care Number/ULI	Age	Date of Birth *(dd-Mon-yyyy)*

Alberta Address	Phone *(Home)*

City	Province	Postal Code	Phone *(Other)*

Out of Province Address *(if applicable)*	Province	Status
		☐ New to Alberta ☐ Visitor

☐ Informed Consent

(✓)	Reason Code	
	50	Routine Recommended Immunization *(Note: Use 50A for Meditech entry)*

Vaccine *(Manufacturer)*

☐ Fluzone® Quadrivalent (SF) 0.5 mL IM
Lot # _____

☐ FluLaval® Tetra (GSK) 0.5 mL IM
Lot # _____

☐ Fluzone® High-Dose (SF) 0.7 mL IM
Lot # _____

☐ Other _____
Lot # _____

Dose ☐ Annual ☐ 1 of 2 ☐ 2 of 2

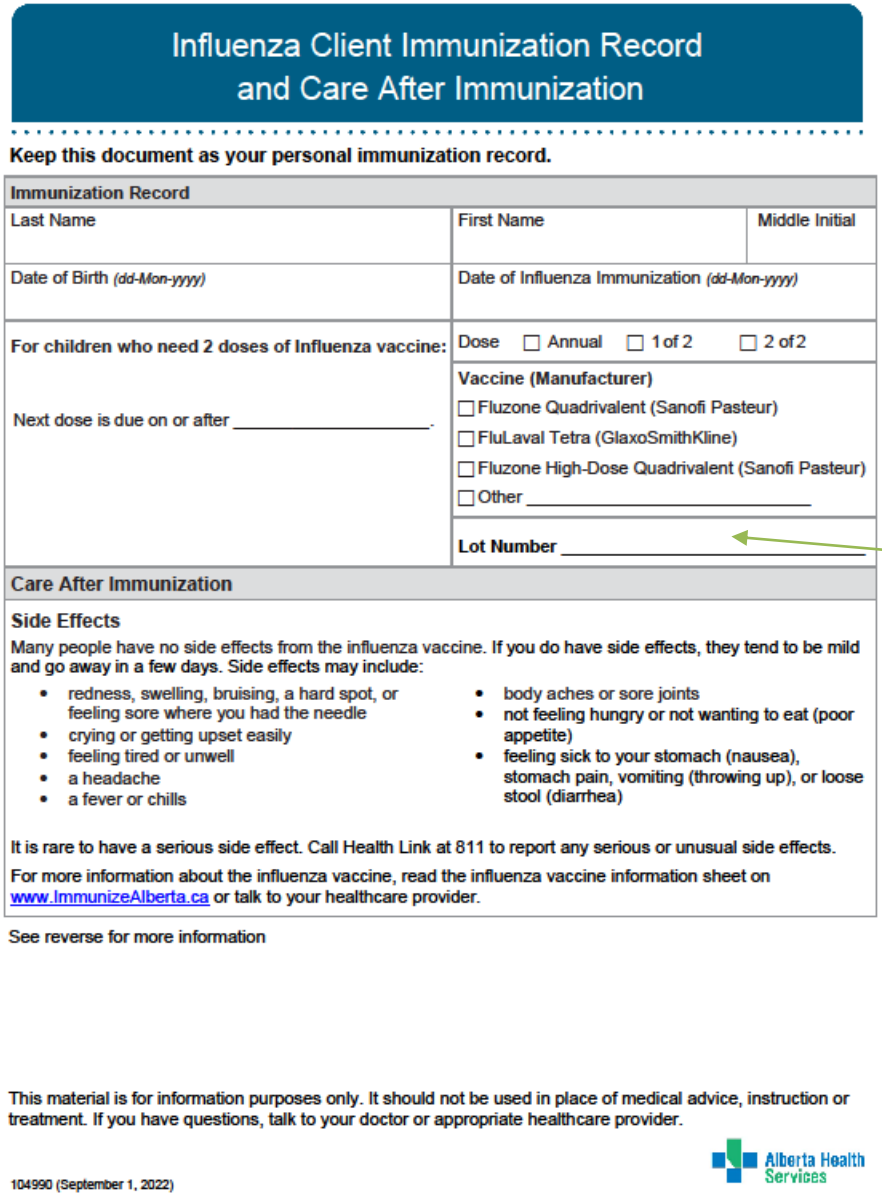
Site **Arm** ☐ Left ☐ Right
Leg ☐ Left ☐ Right

Date Vaccine Given *(dd-Mon-yyyy)*	Immunizer's Full Name *(first, last)*	Designation	Signature

09826(Rev2021-09)

PNEUMO-P

The *Influenza Client Immunization Record and Care After Immunization* sheet will remind clients of side effects and act as a record of immunization.



Influenza Client Immunization Record and Care After Immunization

Keep this document as your personal immunization record.

Immunization Record		
Last Name	First Name	Middle Initial
Date of Birth *(dd-Mon-yyyy)*	Date of Influenza Immunization *(dd-Mon-yyyy)*	
For children who need 2 doses of Influenza vaccine:	Dose ☐ Annual ☐ 1 of 2 ☐ 2 of 2	
Next dose is due on or after _____.	**Vaccine (Manufacturer)** ☐ Fluzone Quadrivalent (Sanofi Pasteur) ☐ FluLaval Tetra (GlaxoSmithKline) ☐ Fluzone High-Dose Quadrivalent (Sanofi Pasteur) ☐ Other _____	
	Lot Number _____	

Care After Immunization

Side Effects

Many people have no side effects from the influenza vaccine. If you do have side effects, they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, bruising, a hard spot, or feeling sore where you had the needle
- crying or getting upset easily
- feeling tired or unwell
- a headache
- a fever or chills
- body aches or sore joints
- not feeling hungry or not wanting to eat (poor appetite)
- feeling sick to your stomach (nausea), stomach pain, vomiting (throwing up), or loose stool (diarrhea)

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

For more information about the influenza vaccine, read the influenza vaccine information sheet on www.ImmunizeAlberta.ca or talk to your healthcare provider.

See reverse for more information

This material is for information purposes only. It should not be used in place of medical advice, instruction or treatment. If you have questions, talk to your doctor or appropriate healthcare provider.

104990 (September 1, 2022)

Alberta Health Services

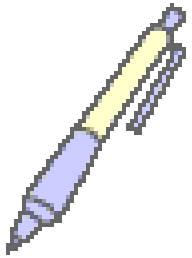
PNEUMO-P

Influenza Immunization Record

How long do influenza immunization records need to be kept?

- If entering the full information into CHIP or onto hard copy immunization record, NCR is considered to be a transitory document and can be shredded once entered.
  - Full information: name, DOB, PHN, full vaccine details (product, lot number, dose, site), immunizer
- ***If only entering partial information, or not entering into CHIP or onto hard chart record***:
  - Children: keep ***30 years***
  - Adults (18+): keep ***11 years***

Data collection



- All immunization providers are required to account for vaccine doses administered, vaccine doses wasted and vaccine doses on hand. The rationale for requiring data collection is:
  - To determine immunization rates
  - To be accountable for doses received/administered
  - To monitor vaccine safety
  - For planning and operational decisions for subsequent seasonal programs

Immunization/Reporting Tools

Weekly Influenza Clinic Summary

- Required if permission is not given to share CHIP data to FNIHB Region
- Doesn't need to be done if all vaccines are entered into CHIP and if Okaki received community permission to share with us.

First Nations and Inuit Health Branch, Alberta Region

Weekly Influenza Clinic Summary
2021 – 2022 Influenza Season

Please submit by noon on Monday of each week (or on Tuesday following a long weekend) starting October 18, 2021 until influenza immunizations are no longer being given.

Fax to the CDC Team at 780-495-807

This form does not need to be completed if all influenza immunizations are being entered into CHIP and the FNIHB CDC Team has permission to access this information electronically. Contact OKAKI for more information.

Summary of Influenza Immunizations for the week of: _____

Community: _____ Date: _____

Contact: _____ Phone: _____

Document the number of influenza immunizations that have been given for each category:

Category	Number Immunized		
	Dose 1 of 2*	Dose 2 of 2*	Annual*
Pregnant Women			
Children 6 months up to and including 23 months of age*			
Children 24 months up to and including 59 months of age*			
Under 65 years old			
• 5 years up to and including 8 years of age*			
• 9 years up to and including 64 years of age			
65 years of age and older			
Column Totals			

Total for the week	

Notes: *Children 6 months up to and including 8 years of age who HAVE NOT received influenza vaccine in a previous season, document the doses as "1 of 2" or "2 of 2".
*Children 6 months up to and including 8 years of age who HAVE received influenza vaccine in a previous season, document the dose as "Annual".

Comments:

Will be updated and placed on OneHealth

Immunization/Reporting Tools

Influenza Target Group Summary Report

- Used to determine coverage rates for community health protection reports.

Due December 31, 2022

First Nations and Inuit Health Branch, Alberta Region

Influenza Target Group Summary

2020 – 2021 Influenza Season

Please Fax to CDC Team at 780-495-8070

Due December 31, 2020

Community: _____ Date: _____

Contact: _____

Target Group Category	Total in Target Group
Health Care Workers	
Pregnant Women	
Children 6 to 59 months old[1]	
65 years of age and older[2]	
Number Living in Community[3]	

Will be updated and placed on OneHealth

Notes: ***Provide the total numbers of individuals living in the community who will meet the following criteria as of December 31, 2020:***

1. Children 6 to 59 months old: count the number of children born between 2016 and 2020 who are at least 6 months old and who have not yet turned 5 years of age. ***(i.e. Jan 1, 2016 – June 30, 2020)***
2. 65 and older: i.e. born 1955 or earlier.
3. Number living in community: total population living on reserve.

Immunization/Reporting Tools

First Nations and Inuit
Health Branch,
Alberta Region

Influenza Vaccination Monitoring Form
2021 – 2022 Flu Season

For use in influenza clinics, physician's clinics, home care nursing staff, pharmacists to assist with tracking.

Lot Numbers: **Influenza Vaccine:** ______________________ **Format[5]: MDV PFS** **Pneu-P-23 Vaccine:** ______________________

Please record name, date of birth (DOB), personal health number (PHN), date immunization given and reason for immunization for each individual receiving influenza vaccine.
Please only record one reason for each individual for both Flu and Pneu-P-23 vaccines – see priority reason coding reference.

Will be updated and placed on OneHealth

Name	DOB	PHN	Date Given	TB Screen (Y/N)	Pneumo-P[2]				Priority Reason Code – Influenza[3]						Initials[4]
					History of Imm	*Imm Given*	*Refused*	*Not Eligible*	*6 to 23 months[1]*	*24 to 59 months[1]*	*5 to 8 years[1]*	*Pregnant*	*9 to 64 years*	*65+ years*	
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				
									1 2 A	1 2 A	1 2 A				

1. For children 6 months through 8 years of age, please indicate the appropriate dose for each child. Circle "1" or "2" if this is the first year they are receiving influenza vaccine to indicate which dose in the series was given (i.e. 1 of 2=1; 2 of 2=2). If they have received influenza vaccine in a previous season, circle "A" for annual.
2. Individuals eligible for Pneumo-P vaccine should be assessed as they present. Code as follows: *History of Imm* = if they have ever received Pneumo-P immunization (preferably with documentation); *Imm given* = if Pneumo-P given "today" (i.e. date included in "Date Given" column); *Refused* and *Not- eligible* = self explanatory. ***See Pneumococcal Polysaccharide Vaccine Eligibility Criteria Reference.***
   - Note guidelines re 65 and older: one documented dose of Pneumo-P after age 65 regardless of previous dose(s) received; minimum spacing is 5 years.
3. See ***2021 Seasonal Influenza Vaccine, Priority Reason Code*** Reference: only record one reason, using the first code that is appropriate as per reference.
4. The initials of the person administering the vaccine – ensure that a register of initials is maintained.
5. MDV = multi-dose vial; PFS = prefilled syringe. Please circle appropriate format.

Optional resource – do not submit to FNIHB AB Region

Immunization/Reporting Tools

Excel Resource: Fast flow clinic worksheet

2021/22 Fast Flow Clinic Worksheet - OPTIONAL TOOL

Nurse: _____ Date: _____ FLU QIV Lot # _____ Format: MDV PFS PPV 23 Vaccine Lot #:

Name	DOB	PHN	Flu Immunization												Pneumoccocal Vaccine					
			Priority Reason for Flu immunization *(Select one only)*											Site of imm	Not given			Given		
			6 - 23 mo			24 - 59 mo			5 to 8 yrs			9 to 64 yrs	65 yrs +	Pregnant	Not Eligible	Previous PPV-23	Refused	2 to 64 chronic	65 yrs +	other
			1	2	A	1	2	A	1	2	A									
Totals			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
					0			0			0						0			0

Will be updated and placed on OneHealth

Optional resource – do not submit to FNIHB Region

Immunization Reporting Tools

Pneumococcal and Tuberculosis High Risk Medical Condition Screen Coverage Report

Due: April 30, 2023

Pneumococcal and Tuberculosis High Risk Medical Conditions Screening Coverage Report – Alberta Region

For Winter season October 1, 2017 through March 31, 2018

*Please submit report to Regional CDC Team by **April 30, 2018**.*
Fax: (780) 495-8070

Community ______________________ Contact Name and number ______________________

Population	**Total # in community**[1]	**Pneumococcal (Pneu-P-23) Program**				
		# with dose of Pneu-P-23 after age 65[2]	# imm this year	# with Hx of Pneu-P- 23	Total # protected	Refusals
≥65 years (DOB ≤ 1952)						
Chronic 2 to 64 years						

Will be updated and placed on OneHealth

At Risk Medical Conditions Tuberculosis Screening Denominator – as of December 31, 2017
Please identify the total number of clients living in the community **known** to have the following conditions and those who are eligible[4] for TB screening under the ***At Risk Medical Conditions Screening Program***. Count each individual only once under their highest risk condition. The list below is ranked from highest to lowest risk. i.e: someone with diabetes and renal failure would only be counted in the renal failure category.

At Risk Condition	**Total Known in Community**	**Total Eligible[4] for Screen**
HIV/AIDS		
Transplantation		
Silicosis		
Renal Failure *(requiring dialysis or as a result of diabetes)*		
Carcinoma of the head and neck		
Abnormal chest x-ray – fibro-nodular disease		
Previous inadequately treated TB disease		
Treatment with tumor necrosis factor (TNF- alpha inhibitors *i.e. embril, remicade)*		
Treatment with glucocorticoids *(prednisone of 15 mg/day or more for 2 weeks or longer)*		
Diabetes mellitus		

Updated, August 2017

[1] Count total for each category who are living on reserve as of December 31, 2017.
- **≥ 65 years**: all those born 1952 or earlier.
- **Chronic 2 to 64 years**: those who are known to meet the high risk definitions for Pneu-P-23 vaccine for those who are 2 years of age as of Sept 1, 2017 and born after 1952

[2] Only include those with documented dose of Pneu-P-23 given after age 65, regardless of previous Pneu-P-23 dose.
[3] Sum of "# imm this year" plus "# with history of Pneu-P-23" (all ***documented*** doses, regardless of provider)
[4] Anyone with an at risk condition who:
- has never had an initial algorithm completed,
- has had an initial algorithm completed and requires ongoing screening (with the follow up algorithm).

SURVEILLANCE

Surveillance

- Part of international process to monitor influenza activity around the world
  - Monitor circulating strains
    - Nasopharyngeal swabs, ILI surveillance
  - Assess effectiveness of current vaccines
  - Contribute toward Pandemic Influenza preparedness

ILI Definition

- Influenza Like Illness definition:
  - Acute onset of respiratory illness with fever and cough **and** with one or more of:
    - Sore throat
    - Joint Pain
    - Tenderness or pain in the muscles
    - General exhaustion
  - Laboratory Confirmation

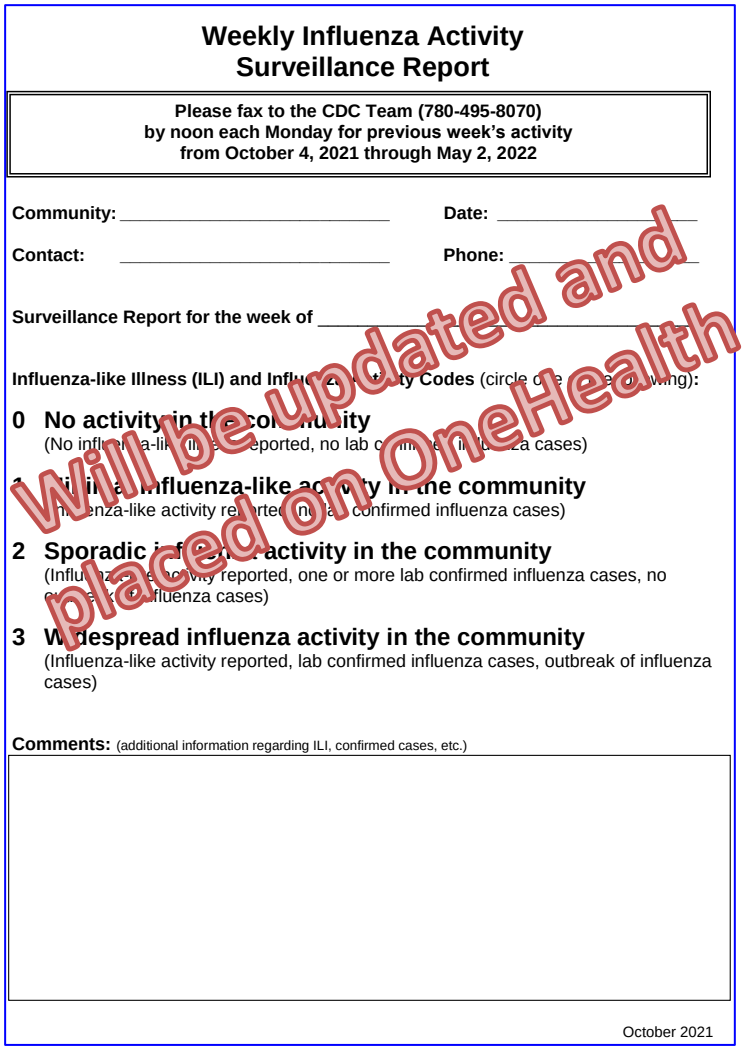
Surveillance

- Components of Surveillance:
  - ILI activity (no activity, sporadic, widespread)
  - NP swabs
  - Weekly surveillance reports
  - Please call Brent/Daylene/Melissa if you hear of anyone admitted to hospital with influenza.
    - We need to submit a specific report to AH for all cases hospitalized with influenza.
      - Will need hx of FLU vaccine for current and previous seasons.

Surveillance

Weekly Surveillance Report

- Due Monday noon for the previous week ILI activity:



Weekly Influenza Activity Surveillance Report

Please fax to the CDC Team (780-495-8070) by noon each Monday for previous week's activity from October 4, 2021 through May 2, 2022

Community: _____ **Date:** _____

Contact: _____ **Phone:** _____

Surveillance Report for the week of _____

Influenza-like Illness (ILI) and Influenza Activity Codes (circle one of the following):

0 No activity in the community
(No influenza-like illness reported, no lab confirmed influenza cases)

1 Sporadic influenza-like activity in the community
(Influenza-like activity reported, no lab confirmed influenza cases)

2 Sporadic influenza activity in the community
(Influenza-like activity reported, one or more lab confirmed influenza cases, no outbreak of influenza cases)

3 Widespread influenza activity in the community
(Influenza-like activity reported, lab confirmed influenza cases, outbreak of influenza cases)

Comments: (additional information regarding ILI, confirmed cases, etc.)

October 2021

Will be updated and placed on OneHealth

Surveillance

- Begins October 3, 2022 until Spring 2023
  - Each community to designate an individual as key contact and a back-up contact for weekly surveillance
    - Does not need to be a nurse

Swabbing for Influenza

- Confirming the cause of ILI in your community is useful
- Typically a few positive flu results may tell the story
- Traditional Resp. Path. Panels include influenza A & B
  - NP swabs in UTM transport media, shipped APL
  - Dr. Christopher Sarin may be the ordering physician
- Optional expanded use of GeneXpert machines
  - Influenza A & B, and RSV
  - Require nasal or nasopharyngeal swabbing
  - Expect training packages and info re. software updates in October

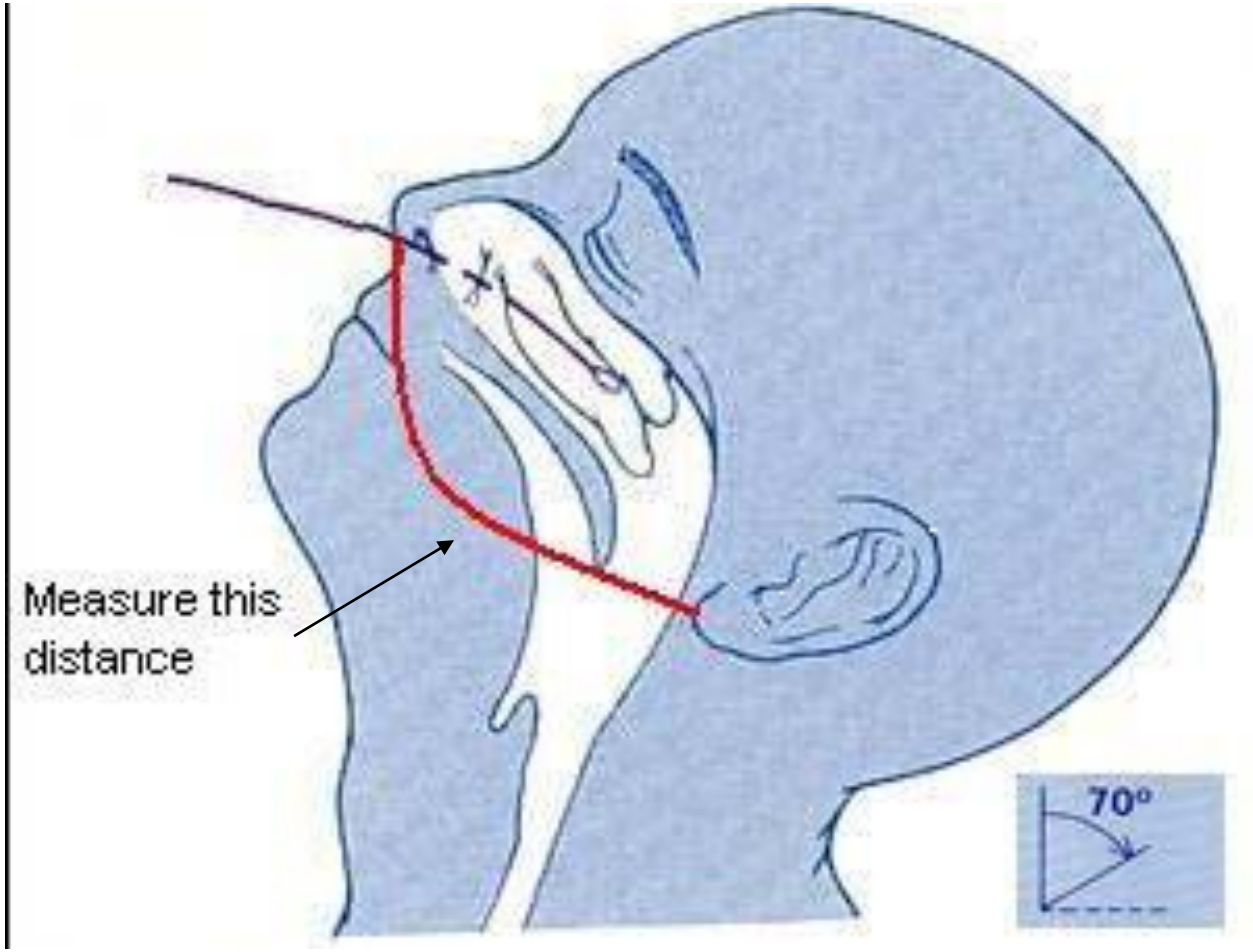
Influenza Specimen Basics

Check the quality of the specimen containers before and after collection.

- Faulty containers
- Contaminated viral transport medium
- Proper capping to avoid leaking
- Expiration dates (usually a 1 year shelf life)
- Label specimen with 2 unique identifiers (name, PHN/ULI, specimen site)
- Keep specimens refrigerated and send to lab asap

Nasopharyngeal Swabs

http://www.provlab.ab.ca/education.htm



PDF Fact Sheets/Posters available for printing at this GOC Website

https://www.sac-isc.gc.ca/eng/1570037443226/1570037485313

PDF Fact Sheets/Posters available for printing at this AH Website

https://www.albertahealthservices.ca/influenza/Page17625.aspx

TUBERCULOSIS PROGRAM

TB Screening During Influenza Vaccination Clinics

Goal of Pre-screen Tool:

- Identify those with signs or symptoms possibly indicative of TB disease
- Identify those with certain medical conditions/on certain medication therapies that put them at greater risk for TB disease

Using the pre-screening tool ***does not*** constitute a completed screen or assessment. Clients who screen positive need further assessment and interview.

Triage the screens based on symptoms or no symptoms and recall clients:

✓ *TB History and Symptom Inquiry*

✓ *At Risk Medical Conditions Screening Algorithm*

Pre-screening Tool

Are you at risk for TB?

Do you have any of these symptoms?

Cough longer than 3 weeks	Yes	No
Coughing up phlegm	Yes	No
Fever	Yes	No
Sweating at night	Yes	No
Poor appetite and Weight loss	Yes	No
Feeling very tired	Yes	No

1. Have you been told you have any of these conditions?

   Diabetes, kidney problems or other conditions that suppress your immune system
   Yes or No
2. Are you underweight? Yes No
3. Have you been told you have a positive TB skin test in the past? Yes No
4. Have you had TB disease in the past? Yes No
   When? _____

Name: _____

Date: _____

Date of Birth: _____

Phone: _____

This information is for your local community health professionals to help identify your potential health risk for tuberculosis and will be confidential.

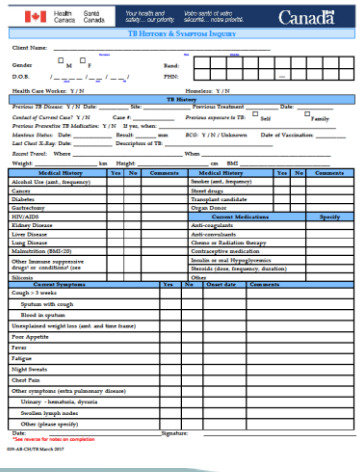
Please list any medications you are taking.

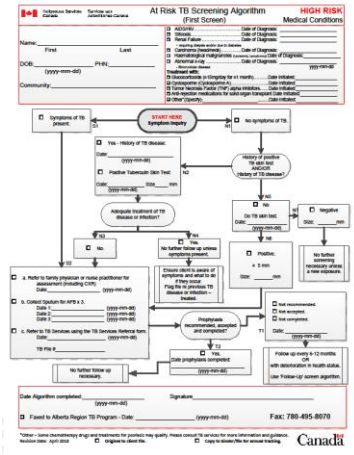
_____
_____
_____
_____
_____
_____

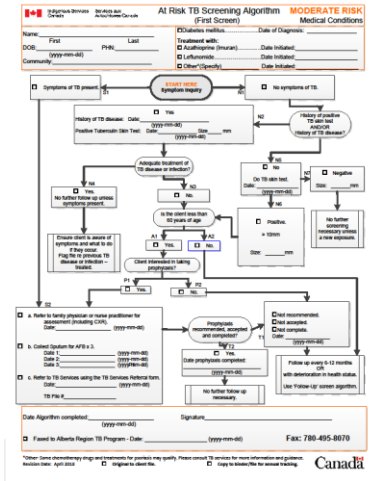
September 2018

TB Screening for those with At Risk Medical Conditions

1. Identify those with certain medical conditions/drug therapies that increase their risk of developing TB disease (those already having TB infection)
2. Screen and follow-up for TB using appropriate "**At Risk TB Screening Algorithm**" (High Risk vs. Moderate Risk Screening Algorithm, protocol and forms on OneHealth)
3. Make referrals to TB Services as appropriate and continue to monitor those with At Risk Medical Conditions and TB infection



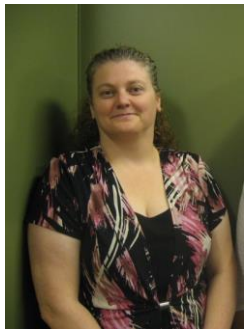




TB Queries

If you have any specific queries relating to TB screening, please contact:

- ***FNIHB TB Program Coordinator:***



Andrea Warman
andrea.warman@canada.ca ph: 780-983-3197
Coordinates activities around general program oversight

Facilitates support in management of cases/contacts as needed

- ***FNIHB TB Screening & Education Nurse:***

Deana Nahachewsky
deana.nahachewsky@canada.ca ph: 780-718-1700
Manages the Screening Programs
Facilitates and delivers education & training to field staff

- **Thank you to everyone who is involved in the influenza program.**

- **You *are* making a difference in the health of the people in the community where you are!**

Questions and roll call