

Ministry of Health

Health Care Provider Qs & As:

Information for Individuals 6 months to 64 years of age

This Qs & As sheet is intended for informational purposes only. It is not intended to provide medical or legal advice.

1. What publicly funded influenza vaccines are available for individuals 6 months to 64 years of age for Ontario's 2021/2022 Universal Influenza Immunization Program (UIIP)?

	Quadrivalent Inactivated Vaccine			
UIIP Abbreviation	QIV			
NACI Abbreviation	IIV4-SD			IIV4-cc
Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Afluria® Tetra	Flucelvax® Quad
Age indication	≥6 months	≥6 months	≥5 years	≥2 years
Manufacturer	GSK	Sanofi Pasteur	Seqirus	Seqirus
Vaccine type	Egg-based	Egg-based	Egg-based	Cell culture-based
Micrograms of hemagglutinin	15 µg	15 µg	15 µg	15 µg
Dosage	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Format	MDV	1. MDV 2. PFS	1. MDV 2. PFS	PFS
Route	IM	IM	IM	IM
Most common allergens ¹	<ul style="list-style-type: none"> Egg protein² Thimerosal³ 	<ul style="list-style-type: none"> Egg protein² Thimerosal³ 	<ul style="list-style-type: none"> Egg protein² Neomycin Polymyxin B Thimerosal³ 	Does NOT contain egg protein or thimerosal

MDV = Multi-dose vial PFS = Pre-filled syringe IM = Intramuscular injection

¹Any component in a vaccine may be a potential allergen. This table identifies the most common allergens.

²The National Advisory Committee on Immunization (NACI) indicates that egg allergy is not a contraindication for influenza vaccination and that egg-allergic individuals may be vaccinated against influenza using the full dose of any age-appropriate product.

³Multi-dose vial format only.

Important notes:

- Fluzone® High-Dose Quadrivalent is another influenza vaccine available under the UIIP. It is a quadrivalent product only authorized for those 65 years of age and older. Fluzone® Quadrivalent and Fluzone® High-Dose Quadrivalent are different products. **Please use caution when administering Fluzone® products to ensure that the right vaccine is being administered to the right person.**

2. What is the difference between cell culture-based and egg-based influenza vaccines?

	Cell culture-based vaccines	Egg-based vaccines
Vaccines	Flucelvax® Quad	FluLaval Tetra, Fluzone® Quadrivalent, Afluria® Tetra
How the vaccine is made	Produced by growing influenza viruses in cultured cells of mammalian origin.	Produced by growing influenza viruses in hens' eggs.
Protection	Both egg-based and cell culture-based QIVs provide protection against four strains of influenza and are available in the UIIP for 2021/2022. Any of the available products can be used in the age group for which they are indicated.	

3. How many doses of the influenza vaccine are needed to provide protection?

Age	Number of doses recommended
6 months to under 9 years of age – Not previously immunized with an influenza vaccine in their lifetime	2 doses at least 4 weeks apart*
6 months to under 9 years of age – Previously immunized with at least one dose of influenza vaccine in their lifetime	1 dose
9 years of age and older	1 dose

**The same vaccine product does not need to be used for both doses.*

4. How many strains do the influenza vaccines available for individuals 6 months to 64 years of age protect against?

All influenza vaccines available in Ontario for individuals 6 months to 64 years of age are QIV, which protect against four strains - two influenza A strains and two influenza B strains. More details on the specific strains included in this season's influenza vaccines are outlined in the Health Care Provider Qs & As: Information for the 2021/2022 Influenza Season document.

5. Who can administer the influenza vaccine?

Individuals who can administer the influenza vaccine include:

1. Regulated health professionals who are authorized under the *Regulated Health Professions Act, 1991* to administer vaccines.
 - o Note: trained pharmacists may only administer publicly funded influenza vaccine to individuals 2 years of age and older.
2. Trained individuals under a delegation made in accordance with the requirements set by the regulatory College of the regulated health professional.

6. Can QIV products cause influenza?

No, QIV products are inactivated vaccines so individuals cannot get influenza from the vaccine.

7. Do any of the publicly funded influenza vaccines offer protection against COVID-19?

The influenza vaccine will not protect against coronaviruses, including the coronavirus that causes COVID-19, but will help prevent infection from the influenza virus.

8. Will the influenza vaccine increase risk of illness with COVID-19?

Expert groups and evidence indicate that getting the influenza vaccine will not increase your risk of COVID-19 illness.

9. Can the influenza vaccine be given at the same time as other vaccines?

Vaccine	Intervals (if applicable)
COVID-19	NACI recommends that COVID-19 vaccines and non-COVID-19 vaccines should not be routinely given at the same time. If possible, COVID-19 vaccines should be given at least 14 days after and 28 days before other vaccines to help avoid possible overlapping side effects and potential (but unknown) interference with the immune response between vaccines.
Other vaccines	The influenza QIVs may be given at the same time as other vaccines or at any time before or after other vaccines. If given by injection at the same time as other vaccines, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

10. Which vaccine should be given first, COVID-19 or influenza vaccine?

Given the more immediate and continued risk of COVID-19 infection and the severity of illness, it is recommended that COVID-19 immunizations be received as soon as possible. Please refer to question 9 for intervals between vaccines.

11. Can the influenza vaccine be given to individuals when they are ill?

Those with a severe acute illness with or without fever should wait until the symptoms subside before being immunized.

Individuals with symptoms of acute respiratory infection, including minor symptoms such as sore throat, should be recommended to be tested for COVID-19 and complete the COVID-19 Self-Assessment Tool (available at: covid-19.ontario.ca/self-assessment). If the individual tests negative, and otherwise passes the Self-Assessment Tool, influenza immunization may be provided.

During the COVID-19 pandemic, individuals who are self-isolating (either as a suspected, probable or confirmed COVID-19, or due to exposures), should not attend influenza immunization appointments or clinics during their period of isolation as they may pose an unnecessary risk to the public and health care providers.

12. What are the common side effects from the influenza vaccine?

The most common side effects from the influenza vaccine are:

- Redness, swelling, and soreness at the injection site
- Headache
- Tiredness/weakness
- Fever

These side effects are generally mild and last only a few days.

13. Who should NOT get the influenza vaccine?

Anyone who has had a serious allergic reaction (anaphylaxis) to a previous dose of influenza vaccine or to any ingredient in the vaccine, except for egg, should not be vaccinated. According to NACI, egg-allergic individuals may be vaccinated against influenza using the full dose of any age-appropriate product, including QIV.

Anyone who has developed Guillain-Barré Syndrome (GBS) within six weeks of a previous influenza vaccination should generally not be vaccinated, however this should be weighed against the risks of not being protected against influenza.

14. How long should the observation period be following influenza immunization?

NACI recommends that the 15-minute post-vaccination observation period, as specified in the Canadian Immunization Guide (available at: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>), should be maintained for influenza vaccination settings that can adhere

to appropriate public health and infection prevention and control measures to reduce COVID-19 transmission, particularly physical distancing.

NACI recommends that a shorter post-vaccination observation period, between 5 to 15 minutes after influenza immunization, may be considered during the COVID-19 pandemic, but only during times when appropriate physical distancing in post-vaccination waiting areas cannot otherwise be maintained due to the volume of individuals seeking immunization, and only when the following specific conditions are met:

- Past history of receipt of influenza vaccine and no known history of severe allergic reactions (including anaphylaxis) to any component of the influenza vaccine being considered for administration.
- No history of other immediate post-vaccination reactions (e.g. syncope with or without seizure) after receipt of any vaccines.
- The vaccine recipient is accompanied by a parent/guardian (in case of a child) or responsible adult who will act as a chaperone to monitor the vaccine recipient for a minimum of 15 minutes post-vaccination. In the case of two responsible adults, both can be vaccine recipients for the purposes of this criterion, if both agree to monitor the other post-vaccination.
- The vaccine recipient will not be operating a motorized vehicle or self-propelled or motorized wheeled transportation or machinery for a minimum of 15 minutes after vaccination.
- The vaccine recipient and the parent/guardian or responsible adult chaperone are aware of when and how to seek post-vaccination advice and given instruction on what to do if assistance and medical services are required.
- The vaccine recipient and the parent/guardian/responsible adult agree to remain in the post-vaccination waiting area for the post-vaccination observation period and to notify staff if the recipient feels or looks at all unwell before leaving. They should be informed that an individual exhibiting any symptom suggestive of an evolving AEFI at the end of the shortened post-observation period necessitates a longer period of observation in the clinic.

15. What information should be provided to individuals related to potential adverse events following immunization (AEFI) with the influenza vaccine?

The influenza vaccine, like any medicine, can cause adverse events, which in most cases are mild, lasting only a few days. Life-threatening allergic (anaphylactic) reactions are very rare. If they do occur, it is typically within a few minutes to a few hours after receiving the vaccine. Some studies have found a possible, but small, association between injectable influenza vaccine and Guillain-Barré Syndrome (GBS) and others have not found any association. Oculorespiratory Syndrome (ORS) may occur in extremely rare instances. Please refer to question 21 of the Health Care Provider Qs & As: Information for the 2021/2022 Influenza Season sheet for further details.

As per s.38 of the *Health Protection and Promotion Act*, those administering vaccines should ensure that the vaccine recipients or their parents/guardians are aware of the need to report adverse events following immunization to their health care provider. Vaccine recipients should be advised to go to the nearest emergency department if severe reactions develop, including the following:

- Hives
- Swelling of the mouth or throat
- Trouble breathing, hoarseness or wheezing
- High fever (over 40°C or 104°F)
- Convulsions (seizures)
- Other serious reactions

Health care providers (e.g., physicians, nurses and pharmacists) are required by law (i.e., *Health Protection and Promotion Act*, s. 38) to report AEFIs to their local public health unit. Reports should be made using the Ontario AEFI Reporting Form (available at: www.publichealthontario.ca/vaccinesafety) and sent to the local public health unit.

A list of public health units is available at:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

16. Where can health care providers find more information about the UIIP?

Health care providers looking for more information about influenza, influenza vaccines, or the province's UIIP can refer to the Health Care Provider Qs & As:

Information for the 2020/2021 Influenza Season sheet, Public Health Ontario (www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/influenza) or to their local public health unit.

A list of public health units is available at:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

17. Who should individuals talk to if they have questions about influenza or any other vaccines?

Individuals looking for general information about influenza, influenza vaccines or the province's UIIP can call ServiceOntario, INFOnline at 1-866-532-3161 toll free in Ontario (TTY#1-800-387-5559) or visit: www.ontario.ca/flu. Questions about the vaccine that are specific to an individual's medical condition should be discussed with a health care provider or local public health unit.

A list of public health units is available at:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

For additional information on influenza or the vaccine, please visit the following websites or call your local public health unit:

- a) Universal Influenza Immunization Program: www.ontario.ca/influenza
- b) Public Health Agency of Canada - National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza Vaccine: www.phac-aspc.gc.ca/naci-ccni/#rec
- c) Public Health Ontario: www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/influenza
- d) Immunize Canada: www.immunize.ca/
- e) Centers for Disease Control and Prevention (CDC) - Seasonal Influenza: www.cdc.gov/flu/
- f) List of public health unit locations: www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

Version française disponible en communiquant avec le 1-866-532-3161 ATS: 1-800 387-5559 (site web: www.health.gov.on.ca/fr/pro/programs/publichealth/flu/)