

**To: Physicians  
Pharmacists authorized to provide influenza vaccine to  
NLPDP recipients  
Nurse Practitioners, Regional Nurses**

**From: Dr. Janice Fitzgerald, Medical Officer of Health**

**Date: October 2, 2019**

**Re: Publicly-funded Seasonal Influenza Vaccine Information  
for 2019 – 2020 Season**

---

Plans are now underway for the annual seasonal influenza immunization program. Vaccine for the publically funded program will soon be available for distribution to community-based physician's offices, community health nursing clinics, pharmacies, health facilities and Regional Health Authority (RHA) staff health offices.

Physicians and pharmacists may order publicly funded vaccine through the regional public health offices as directed in this memo.

Pharmacist's scope of practice includes administration via intramuscular injection to persons 5 years of age and older. Publicly funded vaccine will be provided to pharmacists to administer to beneficiaries of the Newfoundland and Labrador Pharmacy Drug Program (NLPDP) only. If pharmacists choose to provide influenza vaccine to non-NLPDP clients, they will need to secure a private supply of influenza vaccine and charge the customer.

### **Recommended Recipients for Seasonal Influenza Immunization**

The publicly funded seasonal influenza vaccine program provides the vaccine free of charge to **all individuals 6 months of age and older**. Emphasis should be placed on immunizing those who are at increased risk for complications from influenza, and individuals such as health care providers capable of transmitting influenza to those at high risk.

**Please refer to the appropriate influenza vaccine product monographs to note product-specific age indications, precautions and contraindications. Product monographs must be reviewed prior to administering any vaccine. The use of a 1 cc syringe for influenza vaccine administration is recommended.**

## Vaccine Products for 2019-2020

### Quadrivalent influenza vaccines (QIV)

1. **FluLaval**, an inactivated vaccine, is the main product supplied by the Department of Health and Community Services (DHCS) and is available in multi-dose vials, 10 doses per vial. Administered by IM injection for all persons aged six months and older.

FluLaval Product monograph:

<https://ca.gsk.com/media/1594217/flulaval-pm-english-2019-2020.pdf>

DIN # 2420783

2. **Fluzone**, an inactivated vaccine, is also available this year in multi-dose vials (10 doses per vial), as well as a limited supply of pre-filled syringes. Administered by IM injection for all persons aged six months and older.

Fluzone Product monograph:

<http://products.sanofi.ca/en/fluzone-qiv.pdf>

DIN # 2432730 (mdv)

DIN # 2420643 (pfs)

### Adjuvanted Trivalent influenza vaccine (TIV)

3. **Fluad**, an adjuvanted inactivated vaccine, will be offered only to residents of Long Term Care and Personal Care homes who are 65 years of age and older.

Fluad Product monograph:

<https://www.seqirus.ca/docs/998/681/Fluad%20Product%20Monograph%2017June2019.pdf>

DIN # 2362384

### Administration of Influenza Vaccine to Egg Allergic Individuals:

The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using inactivated TIV or QIV, without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg and without any particular consideration, including immunization setting.

### Immunization of Children

Children 6 months to less than 9 years of age, receiving influenza vaccine for the first time, are recommended to receive 2 doses of vaccine spaced at least 4 weeks apart

## Adverse Events following Immunization

All Adverse Events Following Immunization (AEFIs) are to be reported to the Regional Medical Officer of Health. For details please refer to:

[http://www.health.gov.nl.ca/health/publichealth/cdc/section\\_1\\_general\\_considerations\\_immunizations.pdf](http://www.health.gov.nl.ca/health/publichealth/cdc/section_1_general_considerations_immunizations.pdf)

### **AEFI form:**

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/raefi-dmcisi-eng.pdf>

## Vaccine Ordering Process

- The distribution and supply of vaccine will be monitored very closely through the Regional Health Authority (RHA). The amount of vaccine sent may not always be the full amount you have ordered. This will be dependent upon national supply and demand and measures in place to reduce wastage. It is imperative that you not overstock vaccine which could lead to vaccine wastage.
- Please contact Communicable Disease Control staff in the following areas to arrange for an order of influenza vaccine:

<b>EASTERN HEALTH</b>	
Mount Pearl Square Vaccine Depot Telephone: 752-4886 Fax: 752-4873	Holyrood Vaccine Depot Telephone: 229-1572 Fax: 229-1589
<b>CENTRAL HEALTH</b>	
Telephone: 292-8881 Fax: 651-6483	
<b>WESTERN HEALTH</b>	
Telephone: 784-5417 Fax: 637-5160	
<b>LABRADOR GRENFELL HEALTH</b>	
Telephone: 454-0375 Fax: 454-4978	

- Influenza vaccine must be ordered using the **Influenza Vaccine Order Form (attached)** or a regional **Influenza Vaccine Order Form** supplied to you. **Please note that if you have not submitted your tally form for 2018-19 your influenza vaccine order will **NOT** be filled. Once tallies have been received the order will be filled.**
- Fax the order form to the Communicable Disease Control Office in your region (as per contact information above). Contact them to make arrangements for pick/up delivery of the influenza vaccine.
- Vaccine temperature must be maintained between 2°C to 8°C at all times. You will require insulated coolers and sufficient supply of ice packs when picking up vaccine. Vaccine will not be released without proper cooling containers for transportation to your clinic

## **Record of Recipients of Influenza Vaccine 2019-2020 Tally Form**

- The Department of Health and Community Services, Public Health Branch are responsible for distributing and monitoring the uptake of vaccine as well as monitoring vaccine wastage, therefore we ask you to use the **TALLY FORM** provided or the one supplied to you by your regional contacts in CDC.
- The Tally Form **must** be submitted:
  - When requesting additional doses of vaccine; and
  - At the end of **each month** during the time that immunization is offered; and
  - At the end of Influenza season.
- **Please note that if you have not submitted your tally form, your influenza vaccine order will NOT be filled.**
- Tally forms for employees and the general public are attached.

## **Vaccine Storage and Cold Chain Monitoring**

- All vaccine must be stored in the center of the refrigerator between **2 – 8°C**. Vaccine viability may be compromised if not stored properly. Please review the vaccine storage and handling guidelines and the product monograph supplied with the vaccine for additional information. Report all cold chain breaks (when the vaccine is exposed to less than 2°C or above 8°C) to regional Communicable Disease Control staff for further direction before using the exposed vaccine.

For more detail please refer to the NL Immunization manual:

[http://www.health.gov.nl.ca/health/publichealth/cdc/im\\_section7\\_biological\\_products.pdf](http://www.health.gov.nl.ca/health/publichealth/cdc/im_section7_biological_products.pdf)

## **Returning Influenza Vaccine**

- An influenza vaccine return form has been provided for use when returning unused, partially used and expired influenza vaccine to your designated vaccine depot.

Best Regards,



---

Dr. Janice Fitzgerald  
Medical Officer of Health

## **Influenza immunization is recommended for all individuals 6 months of age and older and particularly for these high risk groups:**

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

- **All pregnant women.**
- **Adults and children with the following chronic health conditions:**
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis & asthma);
  - diabetes mellitus and other metabolic diseases;
  - cancer, immune compromising conditions (due to underlying disease and/or therapy);
  - renal disease;
  - anemia or hemoglobinopathy;
  - neurologic or neurodevelopment conditions;
  - morbid obesity (BMI  $\geq 40$ );
  - children and adolescents (age 6 months to 18 years) undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
- **People of any age who are residents of nursing homes and other chronic care facilities.**
- **People  $\geq 60$  years of age.**
- **All children 6 to 59 months of age (< 5 years of age).**
- **Indigenous Peoples**

### **People capable of transmitting influenza to those at high risk**

- **Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of influenza complications.**
- **Household contacts (adults and children) of individuals at high risk of influenza-related complications (whether or not the individual at high risk has been immunized):**
  - household contacts of individuals at high risk, as listed in the section above;
  - household contacts of infants < 6 months of age as these infants are at high risk of complications from influenza but cannot receive influenza vaccine; and
  - members of a household expecting a newborn during the influenza season.
- **Those providing regular child care to children  $\leq 59$  months of age, whether in or out of the home.**
- **Those who provide services within closed or relatively closed settings to persons at high risk (e.g., crew on a ship).**

### **Others**

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

## **References & Resources:**

### **Literature:**

National Advisory Committee on Immunization (NACI). *Statement on Seasonal Influenza Vaccine for 2019-20:*

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html>

Department of Health & Community Services Provincial Website:

[http://www.health.gov.nl.ca/health/publichealth/cdc/infoforpros\\_edu.html](http://www.health.gov.nl.ca/health/publichealth/cdc/infoforpros_edu.html)

### **Additional information**

1. Influenza Vaccine Order Form 2019-20
2. Record of Recipients of Influenza Vaccine Tally Form 2019-2020
3. Influenza Vaccine Return Form
4. Biologics Preparation Return Report Form will be provided with vaccine orders also on the website:

[http://www.health.gov.nl.ca/health/publichealth/cdc/im\\_section7\\_biological\\_products.pdf](http://www.health.gov.nl.ca/health/publichealth/cdc/im_section7_biological_products.pdf)

## INFLUENZA VACCINE ORDER FORM

Physician/Pharmacist/NP: \_\_\_\_\_

Physician/Pharmacy/NP Address:

\_\_\_\_\_

Physician/Pharmacy/NP Telephone: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Order Sent from RHA: \_\_\_\_\_

Pharmacy Board Registration Number (if applicable): \_\_\_\_\_

Pharmacy: \_\_\_\_\_ NLPDP Billing Number (if applicable): \_\_\_\_\_

Product	Administration	Specific age group	Doses required	Doses sent from RHA
FluLaval	Injection	6 months and over		
Fluzone	Injection	6 months and over		
Fluad	Injection	Personal Care Home residents 65 years plus		

EASTERN HEALTH	
Mount Pearl Square Vaccine Depot Telephone: 752-4886 Fax: 752-4873	Holyrood Vaccine Depot Telephone: 229-1572 Fax: 229-1589
CENTRAL HEALTH	
Telephone: 292-8881 Fax: 651-6483	
WESTERN HEALTH	
Telephone: 784-5417 Fax: 637-5160	
LABRADOR GRENFELL HEALTH	
Telephone: 454-0375 Fax: 454-4978	

**INFLUENZA VACCINE RETURN FORM**  
(to be included with vaccine return)

DATE OF RETURN	PRODUCT	# OF DOSES (10 PER VIAL)	Lot #	EXPIRY DATE

Physician/Pharmacist/NP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Vaccine to be returned to the appropriate vaccine depot within your RHA:**

<b>EASTERN HEALTH</b>		
Mount Pearl Square Vaccine Depot 760 Topsail Road Mount Pearl, NL A1N 3J5	Holyrood Vaccine Depot PO Box 70 Holyrood, NL AOA 2R0	
<b>CENTRAL HEALTH</b>		
Health Protection Division- Level I 125 Trans Canada Highway Gander NL A1V 1P7		
<b>WESTERN HEALTH</b>		
PO Box 2005 Corner Brook, NL A2H 6J7		
<b>LABRADOR GRENFELL HEALTH</b>		
HVGB Depot- Labrador Health Centre PO Box 7000 Station C Happy Valley Goose Bay, NL AOP-1C0	Lab City Depot- Labrador West Health Centre 1700 Nichols-Adam Highway, Labrador City, NL A2V-0B2	St. Anthony Depot- Charles S. Curtis Memorial Hospital 178-200 West Street St. Anthony, NL AOK-4S0



### Record of Recipients of Influenza Vaccine Tally Form 2019-2020 – FOR EMPLOYEES

Indicate the number of persons receiving vaccine in the age appropriate column.

Date Administered (MM/DD/YY)	Clinic Site	Vaccine Lot#	Age Group	Influenza Immunization Tally Form			
				Employee	Contracted Physician	Medical Residents/ Interns/Clerks	Other**
			9 -19 yrs				
			20-44 yrs				
			45-64 yrs				
			65+ yrs				
			9 -19 yrs				
			20-44 yrs				
			45-64 yrs				
			65+ yrs				

\*\* Other = volunteers, health studies students, food services, catering, security who regularly work at your facilities

Immunizer: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Record of Recipients of Influenza Vaccine Tally Form 2019-2020

Indicate the number of persons receiving vaccine in the age appropriate column.

Influenza Immunization Tally Form												
Date Administered (MM/DD/YY)	Clinic Site	Vaccine Lot#	6 months - 4 yrs			5 yrs - 8 yrs			9 -19 yrs	20-44 yrs	45-64 yrs	65+ yrs
			Only 1 dose required	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	Only 1 dose required	1 <sup>st</sup> dose	2 <sup>nd</sup> dose				

Immunizer: \_\_\_\_\_ Telephone: \_\_\_\_\_