

INFLUENZA IMMUNIZATION POCKET GUIDE FOR HEALTH CARE PROVIDERS

WHO SHOULD RECEIVE THE VACCINE?

All individuals 6 months of age and older, with a particular focus on:

People at high risk of influenza-related complications or hospitalization

- All children 6 to 59 months of age
- Adults and children with the following chronic health conditions
 - cardiac or pulmonary disorders (including 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 (neurologic or neurodevelopmental conditions include neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions and seizure disorders [and, for children, include febrile seizures and isolated developmental delay], but exclude migraines and psychiatric conditions without neurological conditions)
 - morbid obesity (body mass index [BMI] of 40 and over)
 - 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 ≥65 years of age
- All pregnant women (the risk of influenza-related hospitalization increases with length of gestation, i.e. it is higher in the third than in the second trimester)
- 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 ≤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

WHO SHOULD NOT RECEIVE THE VACCINE?

- People who have had an anaphylactic reaction to a previous dose of influenza vaccine
- People who have had an anaphylactic reaction to any of the vaccine components, with the exception of egg

LAIV SHOULD NOT BE ADMINISTERED TO:

- Children <24 months of age, due to increased risk of wheezing.
- Individuals with severe asthma (as defined as currently on oral or high-dose inhaled glucocorticosteroids or active wheezing) or those with medically attended wheezing in the 7 days prior to vaccination.
- Children and adolescents 2 to 17 years of age currently receiving aspirin or aspirin-containing therapy because of the association of Reye's syndrome with aspirin and wild-type influenza infection. It is recommended that aspirin-containing products in children less than 18 years of age be delayed for four weeks after receipt of LAIV.
- Pregnant women, because it is a live attenuated vaccine and there is a lack of safety data at this time. However, it is not contraindicated in nursing mothers.
- Persons with immune-compromising conditions, due to underlying disease, therapy or both, as the vaccine contains live attenuated virus.
- As a precaution, LAIV recipients should avoid close contact with persons with severe immune-compromising conditions (e.g. bone marrow transplant recipients requiring isolation) for at least 2 weeks following vaccination, because of the theoretical risk of transmitting a vaccine virus and causing infection.

Source: National Advisory Committee on Immunization (NACI). Statement on Seasonal Influenza Vaccine for 2018–2019. Available: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2018-2019.html>

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CO-ADMINISTRATION

LAIV can be given together with or at any time before or after the administration of any other live attenuated or inactivated vaccine. Some vaccine providers may choose to give LAIV and other live vaccines simultaneously or separated by at least 4 weeks to avoid any possibility of immune interference. Alternatively, an inactivated influenza vaccine (TIV or QIV) may be given.

RECOMMENDED DOSAGE

Age group	TIV [†] without adjuvant or QIV [#] (IM)	TIV without adjuvant, high dose (Fluzone® High-Dose) (IM)	MF59-adjuvanted TIV (Fluad Pediatric® or Fluad®) (IM)	LAIV (FluMist® Quadrivalent) (IN)	Number of doses required
6–23 months	0.5 mL*	–	0.25 mL	–	1 or 2**
2–8 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1 or 2**
9–17 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1
18–59 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1
60–64 years	0.5 mL	–	–	–	1
≥65 years	0.5 mL	0.5 mL	0.5 mL	–	1

TIV = Trivalent inactivated vaccine **LAIV** = Live attenuated influenza vaccine **IM** = Intramuscular
QIV = Quadrivalent inactivated vaccine **IN** = Intranasal

[†] Influvac® 3 years and older, Fluviral® 6 months and older, Agriflu® 6 months and older

[#] Flulaval® Tetra 6 months and older and Fluzone® Quadrivalent 6 months and older

* This information may differ from the product monograph. Published and unpublished evidence suggests moderate improvement in antibody response in infants, without an increase in reactogenicity, with the use of full vaccine doses (0.5 mL) for unadjuvanted inactivated influenza vaccines. For more information, refer to Statement on Seasonal Influenza Vaccine for 2011–2012.

** Children 6 months to less than 9 years of age who have never received the seasonal influenza vaccine require two doses of influenza vaccine, with a minimum interval of four weeks between doses. Eligible children under 9 years of age who have properly received one or more doses of seasonal influenza vaccine in the past should receive one dose per influenza vaccination season thereafter.

CHOICE OF VACCINE PRODUCT

Children 6 to 23 months

- QIV is recommended
- If QIV is not available, either unadjuvanted or adjuvanted TIV is recommended

Healthy children 2 to 17 years

- Any of the following vaccines can be used: LAIV (quadrivalent), QIV, or TIV
- A quadrivalent formulation of influenza vaccine is recommended
- If a quadrivalent vaccine is not available, then TIV should be used

Children with immune-compromising conditions

- QIV is recommended
- If QIV is not available, TIV is recommended

Children with severe asthma or medically attended wheezing in the previous seven days

- QIV is recommended
- If QIV is not available, TIV is recommended

Children with other chronic health conditions

- LAIV, TIV or QIV can be used in children with chronic health conditions and without contraindications

Healthy adults 18 to 59 years

- QIV, TIV or LAIV are recommended unless contraindicated

Adults with chronic health conditions

- QIV or TIV are recommended

Adults 60 to 64 years

- QIV or TIV are recommended with or without chronic health conditions

Adults 65 and older

- Any of the following vaccines can be used: TIV, QIV, adjuvanted TIV, or high-dose TIV
- NACI recommends high-dose TIV should be offered over standard-dose TIV

Pregnant women

- QIV or TIV are recommended

Health care and other providers

- TIV and QIV, instead of LAIV, are recommended

Source: National Advisory Committee on Immunization (NACI). Statement on Seasonal Influenza Vaccine for 2018-2019. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2018-2019.html>