



Community Vaccine Providers' News

Issue 7, October 2015

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2015-2016 Influenza Program Information

The community start date for this year's publically funded influenza campaign is November 2, 2015

However we plan on redistributing the vaccine to Physicians, First Nation communities, and Community Vaccine Providers (CVPs) as soon as we have sufficient quantity.

Vaccine Ordering:

We expect to begin receiving influenza products in weekly allotments beginning the last week of September; we expect to have a majority of our influenza vaccine by mid-October.

This season due to a Fluviral® shortage, Fluzone® Quadrivalent will be supplied for half of our vaccine order. Fluviral is the recommended product for those 18-64 years of age and Fluzone® is the recommended product for those 6 months to 23 months of age. However, the Fluzone® Quadrivalent may be provided to those 18 years of age and older in the event of a vaccine surplus.

The Northeast will not be receiving any Fluviral. Agriflu has been ordered in replacement.

Please note that due to the incremental arrival of vaccines, we may not be able to fill all orders completely at the onset. We will endeavor to ensure fair and equitable distribution to all community partners and fill your complete order in as few installments as possible.

Physicians, and all other community vaccine providers (pharmacists, nurses in First Nation Communities, acute and residential care facilities and Workplace Health & Safety, and others) are requested to fill out the Influenza Vaccine Order form [Influenza Vaccine Order Form](#) when ordering Influenza and Pneumococcal vaccine this flu season. Your order for pneumococcal vaccine can be placed at the same time.

The form can be found at: <https://northernhealth.ca/Professionals/ImmunizationResourcesTools.aspx> Please fax your order to the local Health Unit at the number identified on the form. After receipt of your vaccine order, influenza vaccines will be available for pick up starting the week of October 12 (date of vaccine pick up is dependent on vaccine delivery to health units). If sufficient supplies arrive earlier, you will be notified of an earlier pick up date.

Reminders:

- Call the Biologocial Product Monitor (BPM) at your local health unit to arrange your vaccine order pick up date.
- Agriflu & Fluad packaging require more storage space as it is single dose pre-filled syringes. Please bring

additional coolers to accommodate the extra storage needs when you pick up your order.

- Keep your biological fridge between 2-8 degrees
- Notify the local BPM of any cold chain break incidents and report accordingly
- Return all unused and partially used vials of publically funded vaccines to your BPM. Do not dispose.
- Influenza vaccine can continued to be offered until the Health unit sends out a request for annual influenza vaccine return.

About influenza Vaccines:

Five publicly-funded vaccine products will be distributed in Northern Health this influenza season. Three of the trivalent influenza products contain the WHO recommended strains for the Northern Hemisphere:

- A/California/7/2009 (H1N1)pdm09 like virus
- A/Switzerland/9715293/2013 (H3N2)-like virus
- B/Phuket/3073/2013-like virus
- B/Brisbane/60/2008-like virus (quadrivalent vaccines only)
- The A/Switzerland/9715293/2013 and B/Phuket/3073/2013 strains were not contained in the 2014/15 season vaccine; the B/Brisbane/60/2008-like strain was contained in the quadrivalent but not trivalent vaccines in the 2014/15 season.

Influenza vaccine products:

- Fluzone® Quadrivalent
- Flumist® Quadrivalent (Publically funded vaccine not available to pharmacists this flu season)
- Fluviral®
- Agriflu®
- Fluad®

For more information visit:

BCCDC Influenza (Flu) Information:
<http://www.bccdc.ca/imm-vac/VaccinesBC/Influenza/default.htm>

BCCDC Immunization Manual:

Section V11-Biological Products
 at: http://www.bccdc.ca/NR/rdonlyres/528C4C20-F2F8-4333-9927-E8DC455A5E76/0/SectionVII_BiologicalProducts_August20152.pdf

Adverse Reactions Following Immunization (AEFI):

All significant adverse reactions following immunization with any vaccine product are to be reported to the local health unit. Medical health officer recommendations for future immunizations will be sent to the immunizer.

The reporting form for AEFIs is available at:

<http://www.bccdc.ca/NR/rdonlyres/0F7FC86E-924C-4232-87DD-F5859E41A7A2/0/AEFICaseReportForm25NOV2014CH.pdf>

For more information on Adverse Events following immunization please visit: <http://www.bccdc.ca/NR/rdonlyres/D8098B26-CD7B-4A65-914C-AA98B15CC004/0/>

Expanded Eligibility for Human Papillomavirus (HPV) Vaccine for males

Starting September 1, 2015 BC will be offering publically funded HPV vaccine for boys and young men up to age 26 who are at higher risk of contracting HPV.

Those eligible for publically funded vaccine include

- Males 9-26 years of age at the time of series commencement (inclusive) who are:
 - Men who have sex with men (MSM) including those who may not yet be sexually active and are questioning their sexual orientation
 - Street involved
 - HIV positive
- Males 9 to 18 years of age (inclusive) in the care of the Ministry of Children and Family Development (MCFD) Males 12-17 years of age (inclusive) in youth custody services centres



Gardasil® (HPV4) vaccine will be used for the male HPV vaccine program. Gardasil® protects against HPV types 16 and 18 which cause cervical cancer, anal cancers and other cancers of the mouth, throat, penis, vagina and vulva. It also protects against HPV types 6 and 11 which cause about 90% of genital warts.

Why are these groups considered at a higher risk? According to the Canadian Immunization Guide, men who have sex with men have a disproportionately high burden of HPV infection, particularly high-risk HPV types 16 and 18. Infection with high-risk HPV types is associated with anal cancer and its precursor, particularly among MSM who are HIV-positive. Early receipt of HPV4 vaccine will confer maximum benefit, because MSM may become infected with HPV more rapidly due to the high rate of infection in the MSM population. HPV infection and associated anal disease is highly prevalent among MSM, particularly those who are HIV positive. Rates of anal cancer among HIV-positive men are approximately 70 per 100 000 person-years which exceeds cervical cancer rates among women even in areas of the world with the highest rates of cervical cancer.

HPV infection associated with the development of up to:

- 80-90% of anal cancers
- 40-50% of cancers of the penis
- 35% of oropharyngeal cancers
- 25% of oral cavity cancers

Among HPV associated cancers, approximately 92% of anal cancers, 63% of penile cancers, and 89% of oral cavity and oropharyngeal cancers are attributable to high-risk HPV types 16 and 18. Although men have slightly lower rates of anal cancer than women, both Canadian and US data indicate that overall incidence of anal cancer has increased for both females and males over the past several decades. In addition to HPV, anal cancer among males is associated with lifetime number

of sexual partners, receptive anal intercourse, human immunodeficiency virus (HIV) and cigarette smoking.

For males who have never been infected with HPV, the HPV4 vaccine prevents about 85% of cases of anal cancer caused by HPV types 16 and 18. The vaccine also prevents about 90% of cases of genital warts caused by HPV types 6 and 11. The HPV vaccine will not be offered to eligible males in school settings due to operational challenges, and sensitivity of some of the eligibility criteria. Parents with eligible sons that are school-aged should contact their local public health unit to receive the publically funded Gardasil® vaccine.

If males want to receive the vaccine and do not qualify for publically funded vaccine it can be purchased from most pharmacies and travel clinics. The quadrivalent HPV vaccine costs approximately \$150 per dose.

We know that physician and health care provider recommendation to immunize is an important determinant of vaccine uptake by patients. Here are some helpful resources on HPV vaccination:

- Please visit Section V11 of the BC Immunization Manual, Biological Products for more information on criteria and administration guidelines: http://www.bccdc.ca/NR/rdonlyres/528C4C20-F2F8-4333-9927-E8DC455A5E76/0/SectionVII_BiologicalProducts_August20152.pdf
- Check out BCCDC's Q&A for HCPs: Expanded Eligibility for Human Papillomavirus (HPV) vaccination for Select Male populations: http://www.bccdc.ca/NR/rdonlyres/4D3B906F-067C-43DE-B856-EDE3080E7D9C/0/HPV_QA_FINAL_Aug19.pdf
- For more information about the HPV vaccine check out the Canadian Immunization Guide: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-hpv-vph-eng.php>
- National Advisory Committee on Immunization (NACI), Update on Human Papillomavirus (HPV) Vaccines 2012 <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php#rec>
- Immunize BC, Human Papillomavirus (HPV) vaccine and males <http://www.immunizebc.ca/diseases-vaccinations/hpv/men>

- HPV BC Health file <http://www.healthlinkbc.ca/medications/content.asp?hwid=zb1250>
- Health Initiative for Men <http://www.getgarded.ca/>

Immunization Resources

1. [IBoostImmunity.ca](http://www.IBoostImmunity.ca) is an interactive web forum for British Columbians to share evidenced based content promoting vaccinations on social media. Become a Booster and spread the good stuff!



2. Immunize BC <http://www.immunizebc.ca/>
3. **ImmunizeCA App.** This app helps individuals and families keep track of the immunizations electronically. This app is available for free download at the App store, Google Play and Blackberry world and can be accessed online at <http://www.immunize.ca/en/app.aspx>
4. Immunize Canada <http://immunize.ca/en/default.aspx>
5. Immunization Communication Tool for Immunizers http://www.bccdc.ca/NR/rdonlyres/DADA3304-7590-48AC-8D2C-65D54ADFC77E/0/BCCDCICT_300315.pdf



Immunization and Serology FAQs

*Submitted by: Dr. Raina Fumerton
Northwest Medical Health Officer*

How should I proceed with immunization for my patients who have NO or inadequate immunization records?

- In the event that a patient's immunization records cannot be obtained, **routine serologic testing to determine the immunity of children and adults is generally not practical**
- Performing serology in this context can cause undue delay and may result in a missed opportunity to immunize
- Instead, **children and adults lacking adequate documentation of immunization should be considered unimmunized** and started on an immunization schedule appropriate for their age and risk factors (unless already known to be immune by serologic testing).
- **Pregnant women** without documented evidence of prior immunization with a rubella-containing vaccine should be serologically screened for **rubella antibodies** and given MMR vaccine postpartum if serology results are negative or indeterminate serology suggests they are not immune

Should I test my patients post completion of vaccine series to ascertain whether they are immune?
Routine testing for immunity post completion of a vaccine series is **NOT RECOMMENDED**.

Does this recommendation apply to Measles, Mumps and Rubella?

The same recommendation applies. Routine testing for Measles, Mumps and Rubella to ascertain immunity in a fully immunized individual is **NOT RECOMMENDED**.

Mumps: There is no defined serological correlate of protection for mumps.

Measles & Rubella: Although there is a serologic correlate of protection, immunity is robust and very high levels of protection are achieved in individuals who have received the recommended number of doses of vaccine, which is 2 doses of measles and 1 dose of rubella for those born in 1970 and later. Furthermore, those immunized individuals with low antibody titres may

be adequately protected through cell mediated immunity (which cannot be tested by standard laboratories).

Are there any exceptions to the recommendation not to test for immunity in a fully immunized patient? The recommendations for immunity testing post completed of a vaccine series are uncommon but would include the following scenarios:

- Hepatitis B testing for select individuals at ongoing risk for hepatitis B exposure (e.g., infants of carrier mothers, ongoing sexual partners and household contacts of chronic carriers, HCWs)
- Immunocompromised individuals post varicella vaccine (select testing is recommended for some severely immunocompromised individuals).
- Rabies testing is recommended in selected circumstances (pre exposure immunization of those at risk of ongoing exposure).

What if my patient was inadvertently tested for MMR titres and they come back showing a lack of immunity-do they need additional vaccines?

There is no need for further immunization with MMR in those who have been immunized but who are tested and are 'nonimmune' by current serological parameters.

References:

1. PHAC Canadian Immunization Guide <http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-eng.php>
2. BCCDC CD Control Manual-Section VII Biological products http://www.bccdc.ca/NR/rdonlyres/528C4C20-F2F8-4333-9927-E8DC455A5E76/0/SectionVII_BiologicalProducts_July2015.pdf
3. Vaccine. 2013 Jan 11;31(4):711-7. Doi:10.1016/j.vaccine.2012.11.031. Epub 2012 Nov 19.



This upcoming Influenza Season and the Chetwynd Primary Care Centre

*Submitted by: Lara Frederick
Public Health Nurse*

Chetwynd British Columbia is located in the foothills of the eastern slope of the Rocky Mountains. Servicing over 7000 people, this booming district continues to provide care through the use of the primary care model from a newly built primary care building. Primary care is collaboration between family doctors, nurse practitioners, dietitians, physiotherapists, nurses and many more health care providers, who work as a team to provide the patient holistic care in a team based approach.

This fall you may be wondering how the transition to primary care will affect the way in which you receive the flu vaccine. Chetwynd is currently serviced by three physicians, two public health registered nurses and two pharmacists. Through team based care the goal is to continue to provide accessible means for you to access the flu vaccine this year.

Rachel Smith and Barbara Hoodless, public health nurses in Chetwynd, want you to know that they will be providing two mass flu clinics at the Chetwynd Public Library this November. If you cannot make the mass clinics, they are also going to be offering drop-in days at the primary care clinic to increase accessibility. Doctor Venter states "the yearly flu vaccination is the first and most important step in protecting against flu and its potential serious complications. Flu vaccinations can reduce flu illnesses, doctors' visits, missed school and work, as well as flu-related hospitalizations and even death. It can also protect people who are at greater risk of getting seriously ill from flu, like older adults, people with chronic health conditions and young children. Let's keep our community healthy by getting vaccinated early!"

Chetwynd pharmacists, Jared Siemens

and Nathan McLean, are already planning for the upcoming flu season. They hope that many people will also take advantage of the program through the Chetwynd People Drug Mart pharmacy. Jared reports that the publicly funded flu vaccine this year will be available in early November and that people can access the pharmacy on drop-in bases, if they are unable to obtain the vaccine through the primary care clinic.

If you want to know more about the flu immunization this year, please see the northern health web site at Or, for more information on eligibility, you can see the 2015 eligibility requirements at <https://northernhealth.ca/YourHealth/PublicHealth/InfluenzaInformation.aspx>

The Chetwynd primary care team is excited to be able to provide the community of Chetwynd with team based care this flu season. Through primary care integration it is the hope of your health care providers that you will continue to receive optimal care through this team based approach. For more information on primary health care, please see the northern health web site at <https://northernhealth.ca/YourHealth/PrimaryHealthCare.aspx>



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