

## Questions and Answers for Health Care Providers

The following information is provided to answer common questions regarding the new recommendations from the National Advisory Committee on Immunization (NACI) *Statement on Seasonal Influenza Vaccine for 2011-2012*.

These questions and answers pertain only to the publicly funded vaccines.

**NOTE: NACI's recommendations are based upon the best current available scientific knowledge. Healthcare providers administering the vaccine should also be aware of the contents of the relevant product monographs. The two recommendations described in this document differ from that set out in the product monographs of the publicly funded influenza vaccines.**

### NACI RECOMMENDATION:

*"children 6 to 35 months of age should be given a full dose (0.5 mL) of trivalent inactivated vaccine (TIV) instead of the previously recommended half dose (0.25 mL)"*

**These questions and answers pertain only to Agriflu® and Vaxigrip®.**

<b>Question:</b>	<b>Why has the ministry decided to adopt NACI's recommendation for a full dose (0.5 mL) for children 6 to 35 months of age?</b>
<b>Answer:</b>	<p>NACI is Canada's advisory body on immunization issues and the Canadian Medical Protective Association has validated that NACI sets the standard of care for immunization recommendations<sup>1</sup>.</p> <p>The NACI <i>Statement on Seasonal Influenza Vaccine for 2011-2012</i> along with the supportive research study has been reviewed by Ontario's scientific advisory agency, Public Health Ontario (PHO). PHO supports the new pediatric dose recommendation made by NACI. Other Canadian jurisdictions have also adopted NACI's recommendations.</p>
<b>Question:</b>	<b>What are the benefits of the full dose (0.5 mL) to children 6 to 35 months of age and is there an increased risk of adverse events following immunization (AEFIs)?</b>
<b>Answer:</b>	<p>According to the evidence (published and unpublished), the full dose (0.5 mL) compared with the half dose (0.25 mL) induced moderately higher immune response without increasing reactogenicity in infants<sup>2</sup>. The full dose (0.5 mL) will provide highly vulnerable infants and toddlers with greater protection against the influenza virus.</p>

<sup>1</sup> Sirnack, A., Ross, M. New childhood vaccines. Ottawa: Canadian Medical Protective Association. [date unknown]

<sup>2</sup> Skowronski, D.M., et al. Randomized controlled trial of dose response to influenza vaccine in children aged 6 to 23 months. *Pediatrics*; 2011; 128; e276.

<p><b>Question:</b></p>	<p><b>Given the recommended full dose (0.5 mL), do previously unimmunized children 6 to 35 months of age still require two doses of TIV?</b></p>
<p><b>Answer:</b></p>	<p>Yes. Ontario continues to recommend that children 6 months to less than 9 years of age, previously unimmunized with influenza vaccine, receive a two-dose series to achieve protection.</p>
<p><b>Question:</b></p>	<p><b>Should children who require the two-dose series of TIV receive the full dose (0.5 mL) for both doses?</b></p>
<p><b>Answer:</b></p>	<p>Yes. Previously unimmunized children 6 months to less than 9 years of age who require two doses of TIV should receive two full doses (0.5 mL).</p>
<p><b>Question:</b></p>	<p><b>Should a child who requires the two-dose series of TIV and has already received his/her first dose as a half dose (0.25 mL), complete his/her series with the full dose (0.5 mL)?</b></p>
<p><b>Answer:</b></p>	<p>Yes. If the child has already received one half dose (0.25 mL) of TIV; the series should be completed with a full dose (0.5 mL) for the second dose.</p>
<p><b>Question:</b></p>	<p><b>Do children 6 to 35 months of age, who have already received 1 or more doses of TIV in the past and have already received a half dose (0.25 mL) of TIV this year (2011-2012 influenza season) require another dose?</b></p>
<p><b>Answer:</b></p>	<p>No. A “catch-up” dose is not required for this influenza season.</p>
<p><b>Question:</b></p>	<p><b>If a two-dose series is required for previously unimmunized children 6 months to less than 9 years of age are the publicly funded TIVs (i.e., Agriflu<sup>®</sup> and Vaxigrip<sup>®</sup>) interchangeable?</b></p>
<p><b>Answer:</b></p>	<p>It is preferable to use the same TIV when completing a two-dose series. However, in the event that the product used for the first dose is not known, or is unavailable, the series may be completed with the available product.</p>

**NACI RECOMMENDATION:**

*“egg-allergic individuals may be vaccinated against influenza using TIV, without a prior influenza vaccine skin test, based on an assessment of risk for a severe allergic reaction to guide the method of vaccination”*

**These questions and answers pertain only to Agriflu<sup>®</sup>, Vaxigrip<sup>®</sup> and Fludac<sup>®</sup>.**

<p><b>Question:</b></p> <p><b>Why has the ministry decided to adopt NACI’s recommendation that an egg allergy is no longer considered a contraindication for receiving TIVs?</b></p> <p><b>Answer:</b></p>	<p>According to NACI, there has been growing evidence to demonstrate that most egg-allergic individuals can safely receive TIVs as long as proper risk assessment is completed.</p> <p><b>NOTE:</b> These recommendations for egg-allergic individuals replace the advice about influenza vaccination for egg-allergic individuals in the Seventh edition (2006) of the <i>Canadian Immunization Guide</i>.</p>
<p><b>Question:</b></p> <p><b>Should health care providers continue to assess for egg allergies prior to administering TIVs?</b></p> <p><b>Answer:</b></p>	<p>Yes. It is important to assess the level of risk for an allergic reaction. NACI recommends that egg-allergic individuals should be assessed and reassessed each year prior to the administration of the influenza vaccine and immunized according to their risk of severe reaction.</p> <p>NACI outlines the two vaccine delivery protocols from the Canadian Society of Allergy and Clinical Immunology (CSACI) that can be used, depending on whether the individual is assessed to be at <b>lower risk for severe allergic reactions</b> versus at <b>higher risk for severe allergic reactions</b>.</p> <p>Please review the definitions for each level of risk for an allergic reaction found in the NACI <i>Statement on Seasonal Influenza Vaccine for 2011-2012</i>, page 23.</p>
<p><b>Question:</b></p> <p><b>In addition to the NACI <i>Statement on Seasonal Influenza Vaccine for 2011-2012</i> (p.21-23), where can I find more information about the general precautions and administration of TIVs to egg-allergic individuals?</b></p> <p><b>Answer:</b></p>	<ul style="list-style-type: none"> <li>• Canadian Paediatric Society – Position statement: <a href="#">Use of influenza vaccines in children with an egg allergy</a></li> <li>• Canadian Society of Allergy and Clinical Immunology – Statement: <a href="#">Administration of H1N1 and seasonal influenza vaccine to egg-allergic individuals</a></li> </ul>