

**VCH Influenza Campaign 2021-2022
 For Public Health Immunizers:
 Frequently Asked Questions from the Public**

1. What is in the influenza vaccine this year?

All products 2021/2022 will be quadrivalent formulation.

2021-2022 seasonal trivalent and quadrivalent vaccines help protect against the following strains:

- A/Victoria/2570/2019 (H1N1)pdm09-like virus (New)
- A/Cambodia/e0826360/2020 (H3N2)-like virus (New)
- B/Washington/02/2019-like virus
- B/Phuket/3073/2013-like virus

2. What products are available for the 2021-2022 influenza season?

| Quadrivalent |
|--|
| <ul style="list-style-type: none"> • FluLaval Tetra • Fluzone Quadrivalent • Afluria Tetra New • Flumist (LAIV nasal spray) • Fluzone High-Dose (HD): only for 65+ residents of long term care facilities, assisted living facilities, and 65+ First Nations communities |

3. When will the flu shot be available?

BC begins distributing vaccine as soon as vaccine is available, which is usually in late September or early October. Immunization priority is given to the most vulnerable, including residents of long-term care and health-care workers. Vaccine will be distributed to physicians and pharmacists in late September or early October and they can start immunizing as soon as they receive vaccine. Public health mass clinics will begin mid to late October.

4. Where can I get a flu vaccine?

- With your family physician
- At a walk-in clinic
- At a pharmacist**
- At a VCH Public Health clinic*
- At a travel clinic including VCH Travel Clinic

*For VCH Public Health clinics, go to our website [VCH Flu Shots & Flu Clinics](#). Please see details on each clinic.

**For clinics at pharmacies, go to [ImmunizeBC Flu Clinics](#).

5. Can I receive flu vaccine concomitantly as my COVID-19 vaccine?

Yes. VCH recommends COVID-19 vaccine can be administered at the same as flu vaccine.

6. Why do I need to get a flu shot every year?

As the influenza virus strains change from year to year, the vaccine components change to provide updated protection. The National Advisory Committee on Immunization recommends annual vaccination with influenza for everyone.

As COVID virus has become endemic, it's increasingly important to protect yourself from influenza in order to keep yourself well, and to decrease the risk of having to be isolated and tested for COVID virus as the two illnesses are very similar.

7. Can FluMist® be given at the same time as other live vaccines?

Yes. FluMist® can be given concomitantly with, or any time before or after any other live vaccine.

8. Should I be concerned about the effectiveness of FluMist® in children?

No. The National Advisory Committee on Immunization (NACI) concluded that the current evidence is consistent with Live-Attenuated Influenza Vaccine (LAIV) providing comparable protection against influenza to that shown by the injectable Influenza vaccine. This conclusion comes after careful review of the available Canadian and international LAIV vaccine efficacy data over many influenza seasons.

For more information please see NACI Statement on Seasonal Influenza vaccine 2020/2021 at <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html#IV2>

9. If my child is currently on an antiviral against influenza (eg. Oseltamivir), can FluMist® also be given at the same time?

No. Since antivirals against influenza interfere with the immune response to FluMist®, FluMist® should not be given to individuals while on these antivirals. Such individuals should receive the inactivated influenza vaccine.

10. Is Fluzone HD® (High Dose) publicly funded for seniors for the 2021-2022 season?

- Fluzone HD® is recommended by NACI for seniors, and is expected to provide superior protection compared to standard-dose.
- This year, Fluzone HD® was purchased by the province and will be publicly funded for those 65 years and older in long-term care facilities, assisted living facilities, and 65 years and older First Nations communities.
- Community dwelling seniors who are not eligible for publicly-funded Fluzone HD® should be offered FluLaval Tetra, Fluzone Quad, or Afluria. Alternatively, Fluzone HD® is available for purchase at several pharmacies, travel clinics, including VCH Travel Clinic.

11. What is the difference between Fluzone® Quadrivalent and Fluzone® High-Dose (HD) vaccines?

Fluzone® Quadrivalent is a flu vaccine indicated for the general public aged 6 months and over.

Fluzone® HD is inactivated influenza vaccine that contains four times the amount of antigen compared to that in regular flu vaccines including Fluzone® Quadrivalent. The additional antigen amount is intended to enable seniors to obtain a better immune response than they derive from regular influenza vaccines. In Canada, this vaccine is approved for adults 65 years of age and older.

For more information on Fluzone® HD, please see the BCCDC Q&A:

[Fluzone® High-Dose Quadrivalent Influenza Vaccine Question and Answer Document Updated – August 2021](#)

12. Can seniors get the ‘double’ dose of Fluzone® Quadrivalent?

Seniors should be offered a single dose of one of the following vaccine product: Fluzone® Quadrivalent, Flulaval Tetra or Afluria Tetra. As there are no studies evaluating the immune response or safety of double dose of influenza vaccine, seniors should not be offered a double dose.

13. Can a client receive Fluzone® HD after they received QIIV?

No. Only one dose of influenza vaccine is recommended for adults. Thus, if client has already received QIIV, Fluzone® HD is not needed in the same season.

14. At a mass flu clinic, if a preferred product by age is not available, what would be the recommendation?

Regardless of the vaccine product chosen, any individual six months of age and older is recommended to get the flu shot. Only one dose is needed. Given that they made the appointment with public health, we recommend they be immunized using the flu products available so an immunization opportunity is not lost. They can then take the time to consider additional information and have a plan in place for subsequent seasons.

15. Is there a non-egg based, non-animal matter influenza vaccine option for Vegan individuals?

Vegan vaccines (non-egg based, non-animal matter) against influenza are not available in Canada. Flublok® is the only recombinant influenza vaccine on the market that does not use eggs in any part of the manufacturing process. It is licensed by the FDA for use in Adults 18 years of age and older. It is only available in the US and can be purchased at select pharmacies. Individuals wanting this vaccine would have to travel to the US to purchase this vaccine on their own.

Note: This product is considered an acceptable alternative for the VCH Influenza Prevention Policy.

16. Is Flu vaccine recommended at any stage of pregnancy?

Yes. Influenza vaccination of pregnant women, at any stage of pregnancy, is highly recommended due to the risk of influenza-associated morbidity in pregnant women. The risk of influenza-related hospitalization increases with length of gestation (i.e., it is higher in the third trimester than in the second)

17. What are the infection prevention and control (IPC) measures for influenza vaccination clinics in community settings?

The IPC measures for community primary care offices have been updated for the 2021-2022 season and are posted here: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf

In addition, physical distancing is no longer required in a health care setting, including physician offices, as all clients and staff are required to be wearing a medical mask.

18. Can post-vaccination observation period of 15 minutes be reduced to accommodate safe flow of individuals through a vaccine clinic?

NACI prefers that a 15-minute post-vaccination observation period should be maintained even during the COVID-19 pandemic (Strong NACI recommendation).

However, NACI allows for a shorter* post-vaccination observation period, between 5 to 15 minutes after influenza immunization, should there be flow concerns. (Discretionary NACI recommendation).

***A shorter observation period may be considered only if the vaccine recipient meets the following conditions:**

- Past history of receipt of influenza vaccine and no known history of severe allergic reactions (including anaphylaxis).
- No history of other immediate post-vaccination reactions (eg. syncope with or without seizure) after receipt of any vaccines.
- The vaccine recipient is accompanied by a parent/guardian (in the case of a child) or responsible adult who will act as a chaperone to monitor the vaccine recipient for a minimum of 15 minutes.
- The vaccine recipient will not be operating a motorized vehicle, self-propelled or motorized wheeled transport (eg. bicycle, scooter) for a minimum of 15 minutes after vaccination (can wait in parking lot for the total 15 minutes).
- The vaccine recipient/responsible adult knows when and how to seek post-vaccination advice and medical service if required.
- The vaccine recipient and parent/guardian/adult responsible agree to remain in the waiting area for the reduced observation period.