

# **Nunavut Influenza Program 2012-13**

**Department of Health and Social Services**

**October 2012**

# Nunavut Influenza Program 2012-13

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# INFLUENZA

## Special Precautions/Considerations

Precautions: Droplet

### Reporting

Notifiable: Yes

Reporting: Routine

<b>Infectious Agent</b>	Influenza viruses are classified into three distinct types on the basis of major antigenic differences: influenza A, B and C. Influenza A is further categorized into subtypes based on the presence of two surface antigens: hemagglutinin (H) and neuraminidase (N).
<b>Clinical</b>	
<b>Clinical Presentation</b>	Influenza is an acute respiratory illness. Influenza-like illness (ILI) is defined as: acute onset of respiratory illness with fever and cough and one or more of sore throat, arthralgia, myalgia or prostration. Fever may not be prominent in the elderly and children less than five years old. Nausea, vomiting and diarrhea are uncommon; however, such symptoms may accompany the respiratory phase of the disease in children. In some cases it will be difficult to distinguish influenza from other respiratory illnesses.
<b>Diagnostics</b>	<p>The specimen of choice for seasonal influenza virus is the nasopharyngeal (NP) swab taken within the first four days of illness onset.</p> <p>For surveillance purposes, when influenza is suspected in the community take a NP swab for up to 10 patients that meet the ILI definition in a variety of age groups.</p> <p>Once influenza has been identified in the community, <b>do not</b> test further unless it is: (1) directed by the MOH office and (2) for diagnostic purposes in children and those with severe illness.</p> <p>See Appendix A for NP swab procedure.</p>
<b>Treatment</b>	See the Seasonal Influenza Antiviral Treatment Protocol Algorithm in the GN Drug Formulary.
<b>Pathogen</b>	
<b>Occurrence</b>	<p>Worldwide: The annual global mortality rate is estimated to be approximately 1 million, with majority of deaths in those over 65 years, however this depends on circulating strain.</p> <p>Canada: It is estimated that in a given year there are up to 20,000 influenza-related hospitalizations and between 4,000-8,000 influenza-related deaths, predominantly in seniors.</p> <p>Nunavut: The most likely subtypes are Seasonal H3N2, Seasonal or Pandemic H1N1.</p>
<b>Reservoir</b>	Primarily human, birds and mammals are likely sources of new human sub-types.
<b>Transmission</b>	<p>Person-to-person by droplet spread. As droplets are released or shed from an infected person when they sneeze, cough or talk they can be propelled (generally up to 2 meters) through the air and deposited on the mouth or nose of people within this range.</p> <p>Though much less frequent, droplets may also be deposited on objects and spread infection to those touching the surfaces and bringing the virus to their mucous membranes.</p>
<b>Incubation Period</b>	Usually 1-3 days.
<b>Communicability</b>	Adults may become infectious during the 24 hours prior to onset of symptoms until approximately 5-7 days after illness onset. Viral shedding in those infected usually peaks during the first three days of illness and ceases within 7 days but can be prolonged in children (greater than 10 days) and the immunocompromised.

<b>Susceptibility and Resistance</b>	The impact of epidemics and pandemics depends on the population immunity level, strain virulence, extent of viral antigenic variation and number of previous infections. Age-specific attack rates reflect persisting immunity from past infections and experience with similar strains; For this reason the infection incidence is often highest in school-aged children.
<b>Public Health Management</b>	
<b>Case</b>	Individual cases of influenza do not require public health follow-up. No case report form is required.  Advise individuals to stay away from common settings like work while ill to limit exposure to others, especially those at high risk for complications, until they are feeling well.
<b>Contacts</b>	Contact management of influenza cases is not recommended.
<b>Outbreaks</b>	Call RCDC if an increase in influenza or influenza-like illness activity is noted.
<b>Prevention Messaging</b>	The best prevention measure is an annual influenza immunization. All Nunavut residents aged 6 months and older are eligible for publicly funded influenza vaccine yearly. Refer to immunization section for immunization program details.  Basic personal hygiene is important in reducing transmission e.g. covering nose and mouth when coughing or sneezing, coughing into the elbow or sleeve, regular hand hygiene.  Prevention recommendations in residential group settings (Appendix B) and community settings (Appendix C and D) are also provided.  <b>NOTE: If pneumococcal vaccine has not already been given, take the opportunity to vaccinate adults 50 and older as well as other high-risk individuals against pneumococcal disease when influenza vaccine is given.</b>
<b>Health Settings Management</b>	
<b>Infection Control Measures in Health Care Settings</b>	Use Routine practices and droplet/contact precautions.  Suspect influenza cases should be placed in a designated isolation room away from other patients as soon as possible or separated by at least two meters from other people waiting if it is not possible to use a separate room.  Individuals suspected to have influenza should be instructed to put on a surgical/procedural mask (with ear loops) while they are in the clinic, if tolerated.  Diligent hand hygiene using either liquid soap and water or 60-90% alcohol-based sanitizer, before and after patient contact/assessment and after contact with contaminated equipment.  Careful handling of contaminated linen and garbage.  Usual procedures for cleaning and disinfecting rooms and patient care equipment are sufficient for influenza. Increased frequency of cleaning may be required if there is increased incidence or in an outbreak situation.
<b>Occupational Health</b>	Staff should wear a surgical/procedural mask and eye protection when in close contact with the secretions of infected patients (within 2 meters).  Staff providing clinical care to these patients should also wear gloves and gown/apron, as surfaces may be contaminated with infectious droplets.

## Surveillance

<p><b>Case Definition</b></p>	<p><b>1.0 ILI</b></p> <p>Not every case of ILI is a case of influenza however studies have found that ILI trends are a good proxy measure of influenza activity in an area. For this reason, Nunavut monitors ILI numbers from the community health centers and hospitals one day per week.</p> <p><b>1.2 ILI Case Definition</b></p> <ul style="list-style-type: none"> <li>• The sudden onset of respiratory illness with a history of fever and cough and one or more of the following: sore throat, arthralgia, myalgia or prostration which could be due to the influenza virus</li> <li>• In children under 5 years old, gastrointestinal symptoms may also be present</li> <li>• In patients under 5 or 65 years and older, fever may not be prominent</li> </ul> <p><b>2.0 Influenza Case Definition</b></p> <ul style="list-style-type: none"> <li>• Clinical illness defined as ILI</li> <li>• Clinical illness with laboratory confirmation of infection:             <ul style="list-style-type: none"> <li>○ Isolation of influenza virus from an appropriate clinical specimen, <b>OR</b></li> <li>○ Demonstration of influenza virus antigen in an appropriate clinical specimen, <b>OR</b></li> <li>○ Significant rise (e.g. fourfold or greater) in influenza IgG titre between acute and convalescent sera, <b>OR</b></li> <li>○ Detection of influenza RNA</li> </ul> </li> </ul> <p><b>Note:</b> Illness associated with novel influenza viruses may present with other symptoms.</p> <p><b>3.0 Outbreak</b></p> <p>For Nunavut purposes an influenza outbreak is defined as:</p> <ul style="list-style-type: none"> <li>▪ A single laboratory confirmed case of Influenza <b>AND</b></li> <li>▪ Community clinics report above expected levels of ILI</li> </ul>
<p><b>Reporting Requirements and Forms</b></p>	<p>Influenza, regardless of type (e.g. Influenza A, Influenza B, pH1N1), is a reportable infection. A case report form is <b>not required</b> for laboratory confirmed influenza cases.</p> <p>ILI surveillance is conducted in Community Health Centre and QGH ER <b>each Tuesday</b></p> <ol style="list-style-type: none"> <li>1. Complete the <i>ILI and RI</i> Reporting Form (Appendix E)             <ul style="list-style-type: none"> <li>➤ Count all patients seen starting Tuesday for a 24 hour period e.g. 0830h-0830h or 2400h-2400h</li> <li>➤ Count the patients seen meeting illness case definition</li> <li>➤ Fax the form to the RCDC <b>each Wednesday by end of day and the influenza vaccine consent forms form daily</b> to the RCDC as follows:                 <ul style="list-style-type: none"> <li>▪ Baffin: 867-975-4833</li> <li>▪ Kitikmeot: 867-983-4088</li> <li>▪ Kivalliq: 867-645-8272</li> </ul> </li> </ul> <p>*If you cannot contact your RCDC, contact the TCDC at: (867) 975-5734</p> </li> <li>2. RCDCs aggregate the community data and forward to headquarters <b>each Thursday by noon</b>. Note: The aggregate report form for RCDCs is distributed electronically and is not included in this package.</li> <li>3. Report outbreaks to RCDC who will report these to Headquarters with the ILI report</li> </ol>

## Tools

### Guidelines

### Materials & Resources

Public Health Agency of Canada. FluWatch. Website: <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>

## References

- 1 Public Health Agency of Canada (July 2012). Canada Communicable Disease Report: Statement on seasonal influenza vaccine for 2012-13.
- 2 Heymann D., editor. Control of Communicable Diseases Manual. 19th ed. Washington: American Public Health Association; 2008.
- 3 Ontario Ministry of Health and Long-Term Care. Ontario Public Health Standards – Infectious Diseases Protocol, 2009. Available online at: [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/infdispro.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/infdispro.html)

## Influenza Immunization Program

<b>Purpose</b>	Provide information and guidance for the Influenza immunization program in Nunavut	
<b>Objective</b>	To reduce morbidity and mortality secondary to influenza infection	
<b>Indications</b>	Active immunization against influenza caused by the specific strains of the influenza virus contained in the vaccine.	
<b>Products</b>	<b>FLUMIST®</b>	<b>FLUVIRAL®</b>
Vaccine Type	Live attenuated	Inactivated – split virus
Manufacturer	AstraZeneca	GlaxoSmithKline (GSK)
Route of administration	Intranasal spray	Intra muscular
Dose Series	0.2 mL (0.1 mL in each nostril)	0.5 mL (usually given into the deltoid)
Eligibility	Use for ages 2 to 17 years See Appendix F	Use for 6 months and older. May be used for ages 2 to 17 when FLUMIST® is contraindicated or unavailable. However, FluMist is the first choice for ages 2-17 years. See Appendix F
Special Instruction	A TST should be placed on the same day or deferred for at least 4 weeks from the date of vaccine.  May be given at the same time as other inactivated or live vaccines but must wait at least 4 weeks before another live vaccine is administered.  Do not withhold vaccination with FluMist because of a runny stuffy nose as long as the nasal mucosa can be visualized. If the nasal cavity is totally occluded with a mucous plug, delay immunization with FLUMIST® or consider FLUVIRAL®.  Expiry date: January 8, 2013	May be given at the same time as other inactivated or live vaccines.  After a vial is punctured it must be used within 28 days.  Expiry date: July 2013
Booster Dose	Children 6 months to 8 years who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.	Children 6 months to 8 years who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.
Vaccine interchangeability	FLUMIST® and FLUVIRAL® are interchangeable for children 2-17 years	
Contraindications	0-23 months old  Pregnancy  Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components i.e. eggs, gentamicin, gelatin, arginine NOTE: do not immunize those with	Under 6 months old  Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components i.e. eggs, thimerosal, formaldehyde, neomycin <b>NOTE:</b> do not immunize those with egg allergies.

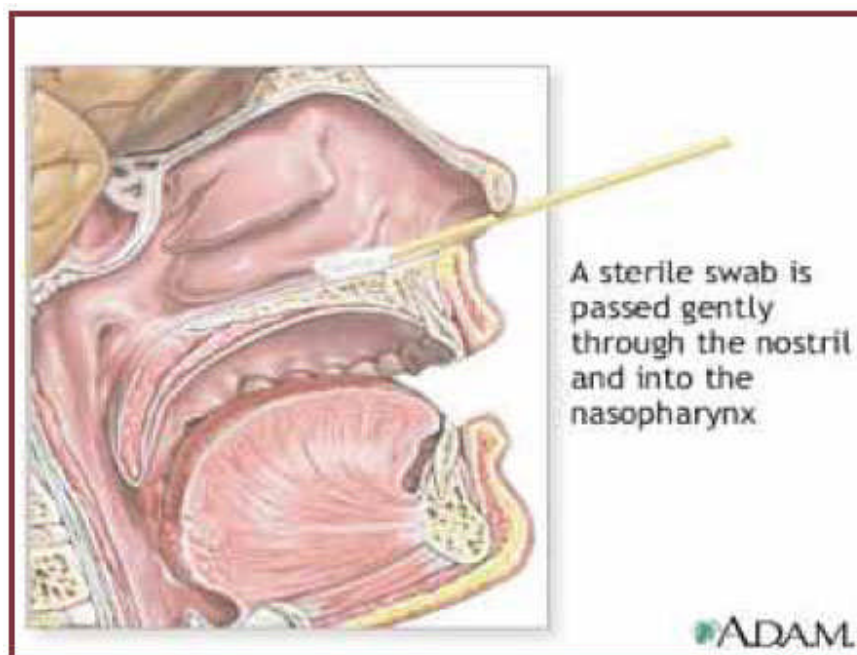
	<p><b>FLUMIST®</b></p> <p>egg allergies.</p> <p>An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization.</p> <p>Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccine.</p> <p>Oculo respiratory syndrome (ORS) with lower respiratory tract symptoms. Do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine.</p> <p>Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild URTI) can be given influenza vaccine.</p> <p>Guillain-Barré syndrome (GBS) within 8 weeks of a previous influenza vaccine.</p> <p>Severe asthma (defined as currently on inhaled or oral glucocorticosteroids or active wheezing).</p> <p>Medically attended wheezing in the 7 days prior to presenting for vaccination.</p> <p>Individuals 2-17 years of age currently taking aspirin or aspirin-containing medication.</p> <p>Immune compromised or close contact anticipated with persons with severe immune compromise (e.g. bone marrow transplant recipients requiring isolation) in next 2 weeks.</p> <p>Those taking antiviral medications e.g. oseltamivir or zanamivir (Do not administer FLUMIST® until 48 hours after antiviral medications are stopped).</p>	<p><b>FLUVIRAL®</b></p> <p>An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization.</p> <p>Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccine.</p> <p>Oculo respiratory syndrome (ORS) with lower respiratory tract symptoms. Do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine.</p> <p>Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild URTI) can be given influenza vaccine.</p> <p>Guillain-Barré syndrome (GBS) within 8 weeks of a previous influenza vaccine.</p>
Vaccine composition	Gelatin hydrosylate, sucrose, arginine Monosodium glutamate	Formaldehyde, sodium deoxycholate, sucrose
Clinically relevant ingredients	Egg protein, Gentamicin	Egg protein, Thimerosal
Formats available	Prefilled single use glass sprayer	5 mL multidose vial
Storage	Both FLUMIST® and FLUVIRAL® must be stored between 2°C and 8°C and MUST NOT FREEZE. Freezing destroys vaccine activity and vaccine that has been frozen must not be used. If vaccine has frozen, contact your RCDC.	
<b>Vaccine Supply and Distribution</b>	Pharmacy is responsible for influenza vaccine supply and distribution in the Territory. Vaccine should be ordered and distributed in accordance with usual practices.	



<b>Consent</b>	<p><b>FLUMIST®</b></p> <p>Information sheet for FLUMIST® is in Appendix G . Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccine administration. There are separate consent forms for FLUMIST® (see Appendix H ) and FLUVIRAL® (see Appendix J ).</p>	<p><b>FLUVIRAL®</b></p> <p>Information sheet for FLUVIRAL® is in Appendix I respectively. Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccine administration. There are separate consent forms for FLUMIST® (see Appendix H ) and FLUVIRAL® (see Appendix J).</p>						
<b>Anaphylaxis</b>	<p>Please review the principles of the emergency management of anaphylaxis, as found in <i>Anaphylaxis: Initial Management in the Non-Hospital Setting</i>, found in the Canadian Immunization Guide, 7<sup>th</sup> Edition (see page 80).</p>							
<b>Adverse Events</b>	<p>Report all significant adverse events, using the Public Health Agency of Canada (PHAC) <i>Adverse Events Following Immunization (AEFI) Form</i> available online at: <a href="http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php">http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php</a>. Fax the form, along with a copy of the consent form, to the RCDC as follows:</p> <table data-bbox="718 739 1085 873"> <tr> <td>Baffin:</td> <td>867-975-4833</td> </tr> <tr> <td>Kitikmeot:</td> <td>867-983-4088</td> </tr> <tr> <td>Kivalliq:</td> <td>867-645-8272</td> </tr> </table> <p>The Nunavut policy is:</p> <ul style="list-style-type: none"> <li>• The AEFI form is to be used <b>only</b> for the reporting of adverse events following immunization</li> <li>• In the <i>Nunavut Community Health Nursing Administration Manual</i>, Policy 05-004 deals with the reporting of medication errors and other events</li> <li>• If there is an AEFI <b>and</b> a vaccination error, both forms should be completed</li> </ul>		Baffin:	867-975-4833	Kitikmeot:	867-983-4088	Kivalliq:	867-645-8272
Baffin:	867-975-4833							
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Kivalliq:	867-645-8272							
<b>Vaccine Coverage and Reporting</b>	<p>Vaccine coverage data are essential for monitoring the overall proportion of individuals vaccinated, for monitoring the impact of immunization strategies and to provide information for future vaccine policy planning.</p> <ul style="list-style-type: none"> <li>• Community Health Centres are responsible for faxing the consent form for every influenza vaccine administered in each community to the RCDC on a daily basis. This information is required in order to meet reporting requirements to track influenza vaccine coverage rates.</li> <li>• RCDC staff will provide the data to HSS as directed .</li> </ul> <p>HSS will report vaccine coverage data for the Territory weekly in the <i>Nunavut Respiratory Watch</i>.</p>							
<b>Materials and Resources</b>	<ul style="list-style-type: none"> <li>- Annual Influenza program package from the office of the CMOH</li> <li>- Influenza vaccine uptake and recording tool Appendix E</li> <li>- Influenza vaccination information - for Flumist and Fluviral Appendices G and I</li> <li>- Influenza vaccination consents forms –for Flumist and Fluviral Appendices H and J</li> <li>- Seasonal Influenza Vaccine Information Sheet for Healthcare Providers Appendix K</li> <li>- Influenza promotional posters</li> </ul>							
<b>References</b>	<p>FLUMIST®. Product Monograph. AstraZeneca Canada. April 12, 2011.</p> <p>FLUVIRAL®. Product Monograph. GlaxoSmithKline. April 21, 2011.</p> <p>Public Health Agency of Canada. Canadian Immunization Guide – 7<sup>th</sup> Edition (2006). Available online at: <a href="http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php">http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php</a></p> <p>Public Health Agency of Canada. National Advisory Committee on Immunization, Statement of Seasonal Influenza Vaccine for 2012-2013, July 2012.</p>							

## Appendix A Nasopharyngeal Swab Procedure

1. Use the swab supplied with the viral transport media.
2. Explain the procedure to the patient.
3. When you collect specimens, wear gloves and a mask. Change gloves and wash your hands between each patient.
4. If the patient has a lot of mucous in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucous or clean the nostril yourself with a cotton swab (**not** the same swab you will be using to collect the specimen).
5. Estimate the distance to the nasopharynx; prior to insertion, measure the distance from the corner of the nose to the front of the ear; the swab should be inserted approximately half the length of this distance.
6. Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx. This will make insertion of the swab easier.
7. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful (if resistance is encountered, try the other nostril, as the patient may have a deviated septum).
8. Cut the shaft of the swab with scissors, recap and place in a specimen bag with the requisition to be sent to the laboratory.





## Appendix B Influenza in Group Residential Settings

The following recommendations are made for the management of influenza in group residential settings (e.g. long-term care facilities, children's residential group homes, shelters, etc.):

### **Prior to Onset of Influenza Activity:**

- Educate residents and staff on personal preventive measures
  - Encourage annual influenza immunization for all residents and staff
  - Reinforce hand hygiene, cough etiquette e.g. cough into elbow/sleeve, environmental cleaning practices
  - Have a contingency plan to deal with staff illness

### **During Periods of Influenza Activity:**

1. Facility should report: increased ILI activity, confirmed cases, suspected influenza/ILI outbreaks to the Community Health Nurse. Please advise the RCDC of these reports.
2. Refer to the *Seasonal Influenza Antiviral Treatment Protocol Algorithm* for treatment of influenza/ILI
3. Recommend that staff who are ill stay home and not work at the facility while symptomatic
4. Recommend that those who are ill do not visit the facility
5. Post signage at entrances indicating that there is influenza activity in the facility (see attached)
6. Increase the frequency of environmental cleaning

### **Antiviral Prophylaxis in the Group Residential Setting:**

- Antiviral prophylaxis for influenza is often recommended in facilities with large numbers of residents at high-risk of acquiring influenza due to their housing arrangements and health status. However, the following realities exist in Nunavut:
  - Facilities generally have a small number of residents
  - Laboratory confirmation of infection from specimen collection to report is not timely
  - A small number of facilities have on-site nursing staff that could arrange/administer antiviral prophylaxis
  - The residents of the facilities are not always those considered to be at high risk of acquiring influenza and developing complications i.e. all age groups exist within facilities
- Given the above factors, influenza antiviral prophylaxis in the group residential setting **is not** recommended in Nunavut

**Please Note:** The CMOH/DCMOH is available for consultation regarding influenza in group residential settings as required. Contact the RCDC to arrange this as necessary.





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septembre 2012

Message d'intérêt public

### **Prévenir la grippe**

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Restez en santé, vous et votre famille, cette année durant la saison de la grippe.

La chose la plus facile à faire est de bien vous laver les mains. Et de vous laver les mains souvent.

Quand vous éternuez ou toussiez, faites-le dans votre manche.

Protégez-vous et votre famille en vous faisant vacciner contre la grippe cette saison et à chaque saison.

On recommande la vaccination contre la grippe pour toute personne de 6 mois et plus.

Cette année, le Nunavut dispose d'un nouveau vaccin contre la grippe pour 2 à 17 ans. Ce vaccin est administré à l'aide d'un vaporisateur nasal.

Le vaccin contre la grippe est administré GRATUITEMENT à votre centre de santé communautaire.

Ensemble, nous pouvons garder les collectivités du Nunavut en santé.











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Department of Health and Social Services  
Ministère de la Santé et des Services sociaux

septembre 2012

MESSAGE D'INTÉRÊT PUBLIC – destiné à la radio communautaire

### **La saison de la grippe dans votre collectivité**

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Comme vous le savez sans doute, la saison de la grippe est de retour. La grippe peut frapper tout le monde, même les enfants et les adultes en santé.

Si vous avez la grippe, vous pouvez présenter certains des symptômes suivants : fièvre **et** toux, écoulement nasal, mal de gorge, douleurs musculaires, fatigue et perte d'appétit.

Si vous avez la grippe, buvez beaucoup d'eau et de jus, reposez-vous et mangez normalement. Pour soulager la fièvre et les douleurs, vous pouvez prendre des Tylenol ou des Advil. Pour prévenir la propagation de la grippe, vous devriez rester à la maison jusqu'à ce que vos symptômes disparaissent et que vous soyez en mesure d'effectuer vos activités habituelles.

La grippe doit être prise au sérieux. Les personnes grippées doivent prendre les mesures nécessaires pour éviter la propagation de la grippe aux personnes avec qui elles vivent et travaillent ou qu'elles visitent.

Pour de plus amples renseignements sur la prévention de la grippe, adressez-vous à un professionnel de la santé de votre unité de santé publique ou du centre de santé communautaire.



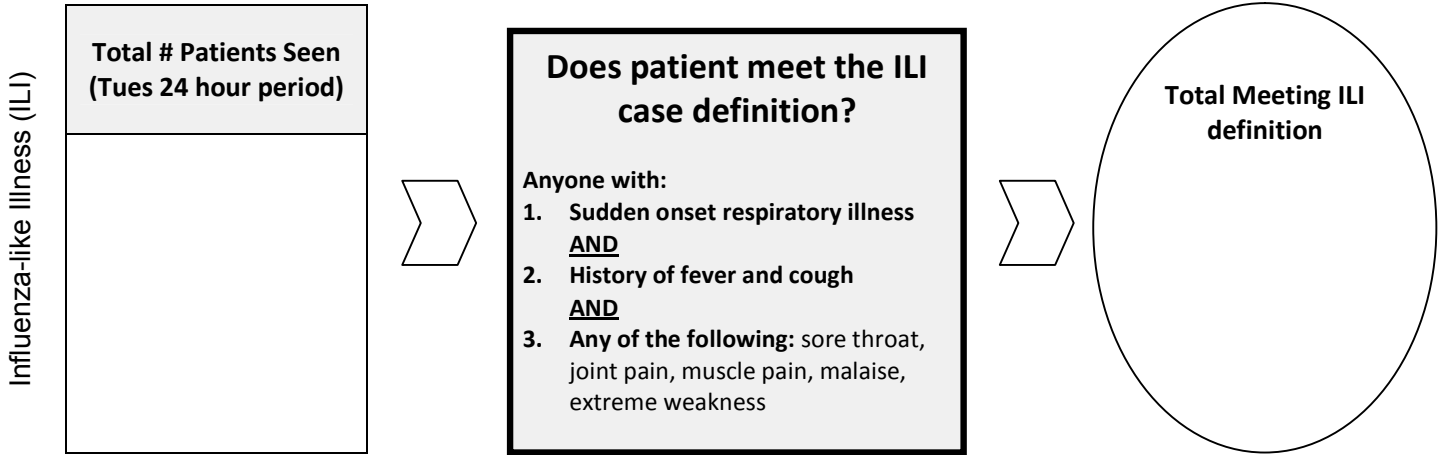
Health Facility Name: \_\_\_\_\_

## Influenza-Like Illness (ILI) & Respiratory Infection (RI) REPORT FORM

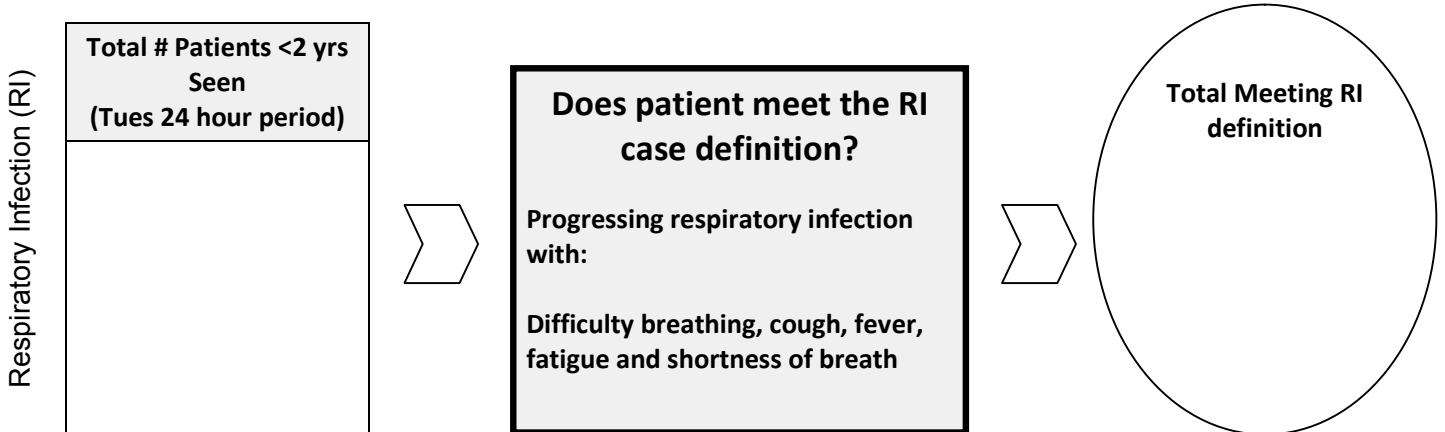
Complete the following for individuals seen **each TUESDAY**

Date: \_\_\_\_\_ (DD) \_\_\_\_\_ (month) \_\_\_\_\_ (YYYY)

Time: \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ e.g. 0830h-0830h or 2400h-2400h



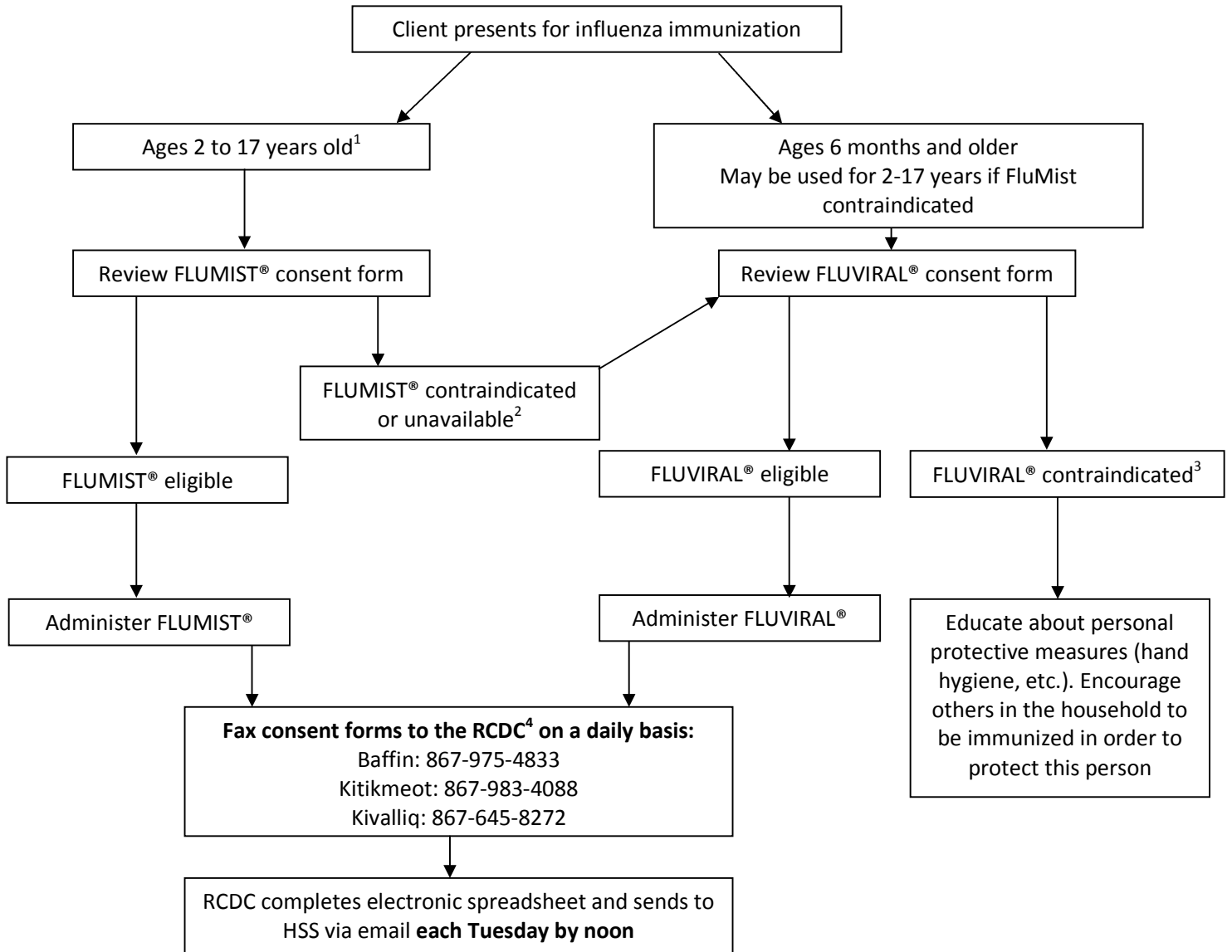
Not all RI in children < 2 years meets the ILI case definition, complete the table below. It is also possible a case can be counted as both ILI and RI, please count in both tables:



**Please fax to the RCDC by end of day Wednesday:**  
 Baffin (867-975-4833) Kitikmeot (867-983-4088) Kivalliq (867-645-8272)

**Appendix F  
2012 – 2013 Influenza Vaccine Algorithm**

This chart outlines the influenza immunization process for the 2012 – 2013 season. Additional information is provided below where noted.



1. FLUMIST® is the recommended vaccine for 2 to 17 year old in Nunavut during the 2012/13 influenza season. Review the *2012/13 Influenza Vaccine (FLUMIST®) Consent Form*.
2. If FLUMIST® is contraindicated or unavailable, consider inactivated influenza vaccine (by IM injection) and review the *2012/13 Seasonal Influenza Vaccine (FLUVIRAL®) Consent Form*. Refer to the *2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut* for details on contraindications and precautions for FLUMIST®.
3. Refer to the *2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut* for details on contraindications and precautions for and FLUVIRAL®.
4. All consent forms for influenza vaccines administered must be faxed to the RCDC on a daily basis in order to meet reporting requirements to HSS in order to track influenza vaccine coverage rates for the Territory.

# FluMist® – Nasal spray flu vaccine for 2 to 17 years old



## Information

### What is FluMist®?

- FluMist® is a live, weakened vaccine. It is given as a spray in the nose.

### How many doses should my child receive?

- Children aged 2-8 years old who have never been vaccinated against the flu should receive two doses, four weeks apart to get the best protection.
- Children aged 2-8 who have received flu vaccine before require only one dose.



### What are the side effects?

Not everyone will have side effects from this vaccine. Reported side effects are:

- **Most common:** runny/stuffy nose, reduced appetite, weakness, headache and fever
- **Common:** muscle aches
- **Uncommon:** rash, nose bleed
- **Rare:** allergic reactions

### Who **SHOULD NOT** get FluMist®?

FluMist® should not be given to children who:

- Have an allergy to eggs, gentamicin, gelatin, or arginine
- Have had previous serious reactions to influenza vaccination
- Are taking aspirin or any medicines containing aspirin
- Have severe asthma and are on medication or have active wheezing
- Have seen a health care provider for wheezing in the last seven days

### Which children **MAY NOT** be able to get FluMist®?

Children should be assessed by their health care provider to determine if FluMist® should be given if they:

- Have stable, non-severe asthma
- Have a weakened immune system
- Have had close contact with someone who has a severely weakened immune system
- Are taking antivirals such as Tamiflu or Amantadine

### Where can I get more information?

For more information about this vaccine, contact your Public Health Unit or Community Health Centre.





# FluMist® – qingatigut havautikhaq nutaqqanut 2 - 17mut ukiulgit



## Hunaukmat FluMist®?

- FluMist® ittuq, hakuiqtitauhimayuq (hakuiqtitauhimayuq) havaut atuqtauuyuq iliuraigiami qingarmut.

## Qanuraaluk tuniniaqqiuq nutarara?

- Nutaqqat 2 - 8 niklu ukiulgit havautituqtitaunngittut kapurhiqtaunngittut influenza-qnaittumik tuniyakhaugaluat malruunik qingarminut pipkailugu, hitamanik Santinik nakuutqiamik aaniaqtailigiangani.
- Nutaqqat 2 - 8 niklu ukiulgit kapurhiqtut influenza-qnaittumik kapurhiqpakhimayut, atauhiinarmik piyukhaugaluat.



## Hunauvat havaut nakuungitpat nutaramnut?

Inuit tamaita atlamik mihiginiaqtut uumannga havautimit. Naunaiyaqhimayut atlat mihiknaqhiniyaqtut hapkuat:

- **Naunaitqiyauyuq:** kuviinaliqqat/umiktittutut pigumi qingaa, nirumahuiqqat, hakuiqqat, niaquqliqqat kitjakkumilu
- **Tamainnut mihiknaqniaqtuq:** aaniqnialqiluni
- **Tamainnut pipkainginnaqtuq:** timingani aupatjaalaqikpat kukulaqikpatluuniit, auklaqikpat
- **Uuminnga piniaruknaqhiyuq:** Timimut nakuungirutit

## Kitkut ATUQTUKHAUNGITTUT FluMist®?

FluMist® tunitakhaungittut nutaqqanut ukunanik piqarumik:

- Maniktuqtukhaungitkumi, gentamicin-mik, gelatin-mik, arginine-mikluuniit
- Aippaangani akhuraaluk atulimaitmagu influenza-qnaittumik kapurhiqniq
- Aspirin-tuqqat atlanik havautinikluuniit aspirin-qaqtumik
- Anirlukpiarumik havautituqtunik an'ngahuinnaqtutluuniit
- Takugumi munarhimik an'ngayuktumik 7ni ublungani

## Kitut nutaqqat TUNIYAKHAUNNGITTUT FluMist®?

Nutaqqat hapkuninnga piqaqqata ihivriuqtauuyukhaugaluat munarhimit naunaiyariamikni FluMist® tuniyakhaugalarumi:

- An'ngayuktuqpallaangitkumi
- Hakuiqpallaaqhimayut timimut-hakugirutingit
- Piqatigumi kinaliqaak hakuiqpallaaqarumi timimut-hakugirutingit
- Aturumi aaniaqtailitjutinik ukonatitut Tamiflu-mik Amantadine-mikluuniit

## Humit naunairyuumiqniaqqinga?

Naunairyuumirumaguvit uuminnga havautimik, uqaqatigitjavat Aaniarvit Munarhitkulluuniit.



# FluMist® – vaccin antigrippal en vaporisateur nasal pour les enfants de 2 à 17 ans

## Feuille de renseignements



### Qu'est-ce que **FluMist®**?

- FluMist® est un vaccin vivant, atténué et administré à l'aide d'un vaporisateur nasal.



### Combien de doses mon enfant devrait-il recevoir?

- Les enfants de 2 à 8 ans qui n'ont jamais été vaccinés contre la grippe doivent recevoir deux doses, à quatre semaines d'intervalle, pour obtenir la meilleure protection.
- Les enfants de 2 à 8 ans qui ont déjà été vaccinés contre la grippe n'ont besoin que d'une dose.

### Quels sont les effets secondaires?

Le vaccin peut provoquer des effets secondaires, mais pas chez tous les enfants. Les effets secondaires suivants peuvent se produire :

**Très fréquents** : congestion ou écoulement nasal, diminution de l'appétit, faiblesse, mal de tête et fièvre

**Fréquents** : douleurs musculaires

**Peu fréquents** : éruption cutanée, saignement de nez

**Rares** : réactions allergiques

### Quels enfants **NE DEVRAIENT PAS** recevoir FluMist®?

Les enfants ne devraient pas recevoir FluMist® s'ils :

- sont allergiques aux œufs, à la gentamicine, à la gélatine ou à l'arginine;
- ont eu des réactions graves à un vaccin antigrippal antérieur;
- prennent de l'aspirine ou des médicaments qui contiennent de l'aspirine;
- souffrent d'asthme grave traité par médicament ou ont une respiration sifflante;
- ont consulté un professionnel de la santé pour respiration sifflante au cours des sept derniers jours.

### Pour quels enfants FluMist® **POURRAIT NE PAS** être approprié?

Les enfants devraient être examinés par un professionnel de la santé pour déterminer si FluMist® est approprié s'ils :

- souffrent d'asthme stable, léger;
- ont un système immunitaire affaibli;
- sont en contact étroit avec des personnes dont le système immunitaire est gravement affaibli;
- prennent des antiviraux tels que Tamiflu ou Amantadine.

### Où puis-je obtenir plus d'informations?

Pour de plus amples renseignements sur la vaccination contre la grippe, communiquez avec votre unité de santé publique ou votre centre de santé communautaire.



Appendix H

# Seasonal Influenza Vaccine Consent Form (FLUMIST<sup>®</sup> Nasal Spray for 2 to 17 Years Old)

Fax daily to RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

House/Building #: \_\_\_\_\_  
 P.O. Box #: \_\_\_\_\_  
 Parent/Guardian Information: \_\_\_\_\_  
 Phone # (cell/home/work/other): \_\_\_\_\_  
 Phone # (cell/home/work/other): \_\_\_\_\_  
 Phone # (cell/home/work/other): \_\_\_\_\_  
 Work/School: \_\_\_\_\_

Please fill in OR addressograph/affix label:  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sex (M/F): \_\_\_\_\_  
 DOB (dd/mm/yyyy): \_\_\_\_\_  
 Chart #: \_\_\_\_\_  
 HCP #: \_\_\_\_\_  
 Community of Residence: \_\_\_\_\_

**Please Answer:**

1	Is this a child 2 to 8 years old who has never been vaccinated against influenza? *If yes, child should receive 2 doses, 4 weeks apart otherwise only one dose is required	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Has your child ever experienced any of the following after an influenza vaccine: <input type="checkbox"/> Wheezing or chest tightness <input type="checkbox"/> Difficulty breathing or swallowing <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Rash <input type="checkbox"/> Swelling beyond the injection site <input type="checkbox"/> Guillain-Barré Syndrome <input type="checkbox"/> Hospitalization <input type="checkbox"/> None	
3	Is your child sick with a fever today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is your child currently wheezing or been assessed by a healthcare provider in the last 7 days for wheezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does your child have a history of severe asthma (defined as currently on oral or inhaled medicine for asthma or current active wheezing)? If yes, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is your child currently taking aspirin or any medicines containing aspirin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is your child immune compromised or receiving cancer treatment? If yes, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Does your child have close contact with someone who is immune compromised or receiving cancer treatment? If yes, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is your child currently taking Tamiflu or Amantadine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is your child allergic to: <input type="checkbox"/> Eggs <input type="checkbox"/> Gentamicin <input type="checkbox"/> Gelatin <input type="checkbox"/> Arginine <input type="checkbox"/> No	

**NOTE: If FLUMIST<sup>®</sup> is contraindicated for this child, consider inactivated influenza vaccine (by IM injection) and review the 2012/13 Seasonal Influenza Vaccine Consent Form (FLUVIRAL<sup>®</sup> - for IM Injection).**

**CONSENT FOR FLUMIST<sup>®</sup>:**

I have read or had the FLUMIST<sup>®</sup> Nasal Spray for Children 2 to 17 Years Old Information Sheet explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUMIST<sup>®</sup> being given to:  My Child or  My Ward

Print Name \_\_\_\_\_ Signature of Client or Parent/Legal Guardian \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Dose	Date	Time	Dose	Route	Vaccine	Lot Number	Signature & Designation
1	____/____/____ dd/mm/yyyy		0.2 mL	Nasal spray (0.1 mL in each nostril)	FLUMIST <sup>®</sup>		
2	____/____/____ dd/mm/yyyy		0.2 mL	Nasal spray (0.1 mL in each nostril)	FLUMIST <sup>®</sup>		





# Qalalaqinnarhigaangat Innuenza-mut Kapurhiqniq Angirut Titiraq

Ubluq tamaat kayumiktukkut tuyuqpaklugu uumunnga RCDC: Qikiqtaaluk (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

**Iglunga/Igluqqap Nampa:** \_\_\_\_\_

**Titiraqarvinga:** \_\_\_\_\_

**Angayuqqanga/Munaqtinga naunaitkut:** \_\_\_\_\_

**Hivayautinga**(tigumiaqattaqtaut/iglunga/havakvinga /aatla): \_\_\_\_\_

**Hivayautinga**(tigumiaqattaqtaut/iglunga/havakvinga /aatla ): \_\_\_\_\_

**Phone**(tigumiaqattaqtaut/iglunga/havakvinga /aatla ): \_\_\_\_\_

**Havakvik/Sikuurvik:** \_\_\_\_\_

Iniqtiqlugu Titiraqarvingaluunii/nipitqautinag titiraqhimayup:  
 Kingulliqpaaq Atit: \_\_\_\_\_  
 Qablunaaqtat atit: \_\_\_\_\_  
 Arnauvit/Angutauvit : \_\_\_\_\_  
 Annivit (dd/mm/yyyy): \_\_\_\_\_  
 Naunaitkutaa Nampanga: \_\_\_\_\_

Aaniarviutimut Naunaitkutit: \_\_\_\_\_

Nunagiyat: \_\_\_\_\_

1	Una nutarauva ukiulik 2mit 8mut kapurhiqhimaaittuq influenza-qnaittumik? *Angiruvit, nutaraq kapurhiqtukhaugaluq malrukniq, hitamanik Santinninguraikpat taimaa atauhiinaqmik kapurhiqtukhaugaluq <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
2	Nutarat hapkuninnga ayurhautiliqqakpa influenza-qnaittumik kapurhiqtaugaangat: <input type="checkbox"/> Aniqhaagiami ayurhaliqqat , hatqanga mihiknaqhipluni <input type="checkbox"/> Kapurhiqinnga <input type="checkbox"/> Guillain-Barré mik Aaniaqarumi <input type="checkbox"/> Ayurhaliqtuq anirhaagiami iigiamiluunii <input type="checkbox"/> puvipkaqtuq kapurhiqinngani <input type="checkbox"/> Aaniarviujutaukpat <input type="checkbox"/> Atlat (naunaiyarlugit): _____ <input type="checkbox"/> Piisak
3	Nutarat aaniqliqqa? <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
4	Nutarat anirhaagiami ayurhaliqqat ihivriqtauva munarhimit 7nik ublunik anirhaagutiminut ayurhautigiyaanik? <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
5	Nutarat ayurhautigivauk anirhaariami ayurhautigiinaqtaanik (naunaiqhimaayuq qangitigut anirhaarutikkulluuniiit ayurhautigiyaaminut anirhaagiami ublumiluuniiit anirhaagiami ayurhautigiyamiknik)? Angiruvit, naunaiqlugu: <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
6	Nutarat havautituliqqa aspirin-mik atlanikluuniiit havautituliqqa piqaqtumik aspirin-mik? <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
7	Nutarat naamagivauk pipkaiyumik piliqqalluuniiit kaansamut ihuarhaitjutinganik? Angiruvit, naunairlugu: _____ <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
8	Nutarat ilauva inukmut naamagiyaayuq pipkaiyumik piliqqalluuniiit kaansamut ihuarhaitjutinganik ? Angiruvit, naunaiqlugu: _____ <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
9	Nutarat atuliqqa Tamiflu-mik Amantadine-mikluuniiit? <input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
10	Nutarat hapkuninnga pilimaitpa: <input type="checkbox"/> Manninik <input type="checkbox"/> Gentamicin-mik <input type="checkbox"/> Gelatin-mik <input type="checkbox"/> Arginine-mik <input type="checkbox"/> Imannaq

**NAUNAIQLUGU: FLUMIST®** naunaiqhimaayuq uumunnga nutaramut, ihumagiyaayuq nutqaqtauyuuq influenza-mik kapurhiqniq (ukunuuna IM kapurhiqniqmut) ihivriuhugulu una 2012/13 Qalalaqinnarhigaangat Innuenza-mut Kapurhiqniq Angirut Titiraq (FLUVIRAL® - uumunnga IM Kapurhiqniq).

**ANGIRUT FLUMIST®:**

Taiguqartara pipkaiyaraluuniiit FLUMIST® Qingatigut Piyakhaq Nutaqqanut 2mit 17mut Ukiuqatunut Naunaitkutaq Titiraq naunaiqtitaayuq uvamnut. Apirhiplungalu apirhigiamni kiuyayutlu uvamnut nakuuyumik. Ilihimaayunnga ikayuutingit ayurhauitingillu kapurhinqimut. Angiqunnga FLUMIST® tuniyayukhaq:  
 Nutaramnut  Munariyamnut

Taiguqnaqtumik titiraqlugu atit \_\_\_\_\_ Sainiutinga Kapurhiraup Angayuqqaangaluuniiit/Munaqtingaluuniiit (pittaqqat) \_\_\_\_\_ Ublumi (dd/mm/yyyy)

Kapurhiqinnga	Qanga	Humunngaqtumi	Qanurittuq	Qaffinik	Kapurhiqniq		Qanga
1	_____/_____/_____ dd mm yyyy		0.2 mL	Qingatigut (0.1 mL qinganganut)	FLUMIST®		
2	_____/_____/_____ dd mm yyyy		0.2 mL	Qingatigut (0.1 mL qinganganut)	FLUMIST®		



# Formulaire de consentement au vaccin antigrippal saisonnier

## (FLUMIST<sup>®</sup> vaporisateur nasal pour enfants de 2 à 17 ans)

Télécopiez les formulaires au RCDC une fois par jour : Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Maison/N<sup>o</sup> d'édifice : \_\_\_\_\_  
 Case postale : \_\_\_\_\_  
 Parent/Tuteur : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Travail/École : \_\_\_\_\_

Veuillez remplir OU apposer une étiquette

Nom de famille : \_\_\_\_\_

Prénom : \_\_\_\_\_

Sexe (H/F) : \_\_\_\_\_

DDN (jj/mm/aaaa) : \_\_\_\_\_

N<sup>o</sup> de dossier : \_\_\_\_\_

N<sup>o</sup> de RAM : \_\_\_\_\_

Collectivité de résidence : \_\_\_\_\_

1	S'agit-il d'un enfant âgé de 2 à 8 ans qui n'a jamais été vacciné contre la grippe? * Si oui, l'enfant doit recevoir deux doses, à 4 semaines d'intervalle; sinon, une seule dose suffit.	<input type="checkbox"/> Oui <input type="checkbox"/> Non
2	Est-ce que votre enfant a déjà connu les problèmes suivants à la suite d'un vaccin antigrippal? <input type="checkbox"/> Respiration sifflante ou serrement de poitrine <input type="checkbox"/> Éruption cutanée <input type="checkbox"/> Syndrome de Guillain-Barré <input type="checkbox"/> Difficulté à respirer ou à avaler <input type="checkbox"/> Gonflement près du point d'injection <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Autre (précisez) _____	<input type="checkbox"/> Non
3	Est-ce que votre enfant fait de la fièvre aujourd'hui?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
4	Est-ce que votre enfant a actuellement une respiration sifflante ou a-t-il été examiné par un professionnel de la santé au cours des 7 derniers jours pour respiration sifflante?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
5	Est-ce que votre enfant a une histoire d'asthme grave (définie comme prenant actuellement des médicaments administrés par voie orale ou par inhalation pour l'asthme ou pour une respiration sifflante active)? Si oui, précisez _____	<input type="checkbox"/> Oui <input type="checkbox"/> Non
6	Est-ce que votre enfant prend actuellement de l'aspirine ou tout médicament contenant de l'aspirine?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
7	Est-ce que votre enfant est immunocompromis ou reçoit-il des traitements contre le cancer? Si oui, précisez _____	<input type="checkbox"/> Oui <input type="checkbox"/> Non
8	Est-ce que votre enfant est en contact étroit avec des personnes immunocompromises ou qui reçoivent des traitements contre le cancer? Si oui, précisez _____	<input type="checkbox"/> Oui <input type="checkbox"/> Non
9	Est-ce que votre enfant prend actuellement du Tamiflu ou de l'Amantadine?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
10	Votre enfant a-t-il une des allergies suivantes? <input type="checkbox"/> Œufs <input type="checkbox"/> Gentamicine <input type="checkbox"/> Gélatine <input type="checkbox"/> Arginine	<input type="checkbox"/> Non

**VEUILLEZ NOTER : Si FLUMIST<sup>®</sup> est contre-indiqué pour cet enfant, prenez en considération un vaccin antigrippal inactivé (injection par voie IM) et examinez le *Formulaire de consentement au vaccin antigrippal saisonnier 2012-2013 (FLUVIRAL<sup>®</sup> - injection par voie IM)*.**

### CONSENTEMENT À FLUMIST<sup>®</sup> :

J'ai lu, ou on m'a expliqué, la *Feuille de renseignements sur le vaccin antigrippal en vaporisateur nasal FLUMIST<sup>®</sup> pour les enfants de 2 à 17 ans*. J'ai eu la possibilité de poser des questions auxquelles j'ai reçu des réponses satisfaisantes. Je comprends les avantages et les risques du vaccin. Je consens à ce que FLUMIST<sup>®</sup> soit administré à  mon enfant ou  mon enfant en tutelle.

Nom en caractères d'imprimerie

Signature du client ou du parent/tuteur légal

Date (jj/mm/aaaa)

Dose	Date	Heure	Dose	Voie d'administration	Vaccin	Numéro du lot	Signature et titre
1	____/____/____ jj mm aaaa		0,2 ml	Vaporisateur nasal (0,1 ml dans chaque narine)	FLUMIST <sup>®</sup>		
2	____/____/____ jj mm aaaa		0,2 ml	Vaporisateur nasal (0,1 ml dans chaque narine)	FLUMIST <sup>®</sup>		

# Seasonal Influenza Vaccine Information Sheet

(For IM injection)



## What is Influenza?

Influenza (flu) is a contagious disease caused by the influenza virus. It spreads through coughing, sneezing, or nasal fluids. Symptoms include: fever, cough, loss of appetite, muscle aches, sore throat and feeling very tired. People usually get the flu between November and May, but flu season most often peaks in January or February.

## Why should I get the flu vaccine?

The flu vaccine can reduce your chance of getting the flu and spreading it to others. Flu vaccines are updated every year because flu viruses are always changing. Because of this, getting the flu shot every year is recommended.

You will be protected from the flu no later than two weeks after getting the vaccine. Protection lasts up to one year.

## Who should get vaccinated against the flu?

Anyone over 6 months of age should be vaccinated against the flu.

There are two different vaccines being used in Nunavut this year:

- Children aged 2-17 will be offered a flu vaccine that is applied as a spray into the nose. See the separate information sheet for more information on this vaccine, which is called FluMist®.
- Everyone else will be offered flu vaccine by injection as in past years. This includes infants 6 months to less than 2 years and everyone 18 years old and older.

Most people need only one dose of the flu vaccine each year. However, children younger than 9 years old getting the vaccine for the first time should get 2 doses, at least 4 weeks apart, to be protected.

Flu vaccine may be given at the same time as other vaccines.

## Who should talk with their healthcare provider before deciding if they should get the flu vaccine?

Some people should **NOT** get the flu vaccine. Tell your health care provider if you have had any of the following and they will help you decide if you should get the vaccine:

- Severe allergic reaction to a previous dose of anything in the vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- An egg allergy. People with severe egg allergies should not get the vaccine.
- Allergy to thimerosal, formaldehyde or any ingredient of the vaccine.
- A severe reaction after a previous dose of flu vaccine.
- Guillain-Barre Syndrome (GBS - a severe paralytic illness) within 8 weeks of a previous flu vaccination.

People who are very sick should usually wait until they recover before getting flu vaccine. People with a mild illness can usually get the vaccine.

## What are the side effects of the flu shot?

The flu shot is safe and cannot cause influenza as it does not contain live virus. It is tolerated well by both healthy adults and healthy children. There may be mild local reactions at the site of the injection, including soreness at the injection site. Other side effects include fever, muscle aches and tiredness.

## Where can I get more information?

For more information about this vaccine, contact your Public Health Unit or Community Health Centre.





# Ukiakhami Influenza-qnaittumik Kapurhiqniqmut Naunaitkutaq

(IM-mut kapurhiqnahualiqqat )



## Hunaukmat Influenza?

Influenza (flu) hiमितिरुतायुयुq aaniarut pipkaiyuq influenza-mit, hiमितिपकुतुq qalakhuraangat, takyuraangat, qingat kuviinaliraangat. Naunaittuq ukuninnga piliruvit: kitjakkuvit, nirumahuiruvit, aaniqnilaqiguvit, iggiarliruvit unaguhuinnaaliruvit. Influenza-qpaktut Nuvaipamit May-mit, kihimi, ingattaryuumiqpaktut Januarymi February-miluuniit.

## Huuq kapurhiqtukhauyutit influenza-qnaittumik?

Influenza-qnaittumik kapurhiruvit aaniaqnariaqni influenza-qnaittumik hiमितिपकुतुq influenza atlanut. Influenza aanirutit atlanuinnaqtut. Talvuuna, influenza kapurhiqniit nutaanguqtitauvaktut ukiuq tamaat atauhiqmilu kapurhiqyauliqtut .

Santi-nik malrukniq havaktinnagu aaniaqnaittumik kapurhiruiraangat. Influenza-qnaittumik kapurhiqniq nakuuyuq atauhiqmi ukiumi.

## Kitkut kapurhiqtukhaugaluat influenza-qnaittumik?

Kitkutliqaak 6nik tatqirhiutinik ukiuqaqtut kapurhiqtukhaugaluat influenza-qnaittumik.

Piqaqtuq malruuk atlatqinguyut havautit atuqtauyut Nunavunmi uumani ukiumi.

- Nutaqqat ukiuqaqtut 2 – 17 niklu tuniyauniaqtut influenza-qnaittumik havautikhanganik tuniyauyuq qingakkut. Takulugu atlami naunaitkutanga titiraq naunairyuumirumaguvit uumuuna havaut, taiyauyuqlu FluMist® .

- Atlattauq tuniyauniaqtuq hiमितित्ताunngittumik piyuq influenza havaut kapurhiqtauluni taimaa ittuugaluaq qangaraluk. Unalu piyut nutaqqannuanut 6nik tatqirhiutinik ukiulgit 2nik ukiuqanguqtinnagitlu kitkunnutlu 18nik ukiulgit angayukhiuguvilluuniit.

Amihut inuit atauhiinaqmik influenza-qnaittumik havautituqtukhauyut kapurhiqtaulutikluuniit atauhiqmi ukiumi. Kihimi, nutaqqat 9nguqtinnagit havautituqtitauyut kapurhiqtauyut influenza-qnaittumik hivulliqpaami malrukniq pipkaiyukhauyut, tuglia pilugu 4nik Santi-nik qaangiqaq, aaniaqnaittumik.

Influenza-qnaittumik havautingit tuniqhaiyukhat atlanik havautituqnahualiruvit, hapkuatlu namuunaqnaittumik havautitrahualiruvit.

## Kitkut uqaqatigiyakharaluangit munarhitkut angmaqhimaittunik influenza-qnaittumik havautituqtinnagit?

Ilangit inuit **HAVAUTITUQTUKHAUNNGITTUT**. Uqatjavutit munarhinut hapkuninnga piqaruvit, ikayurniaqqaahi kapurhiraqniluuniit havautituqtipkaigiarniluuniit;

- Timitit taimaittuqtulimaitpiaqqat havautituqtamiknik kitunitliqaak aaniaqtailirutinik. (ukunaniklu an'ngahukpat, mihiknarhikpat hatqat, iggiatlu mikhipkailiqtutut piliqqat, anirhaagiarni ayurhaliruvit iihigianiluuniit).
- Maniktulimaitkuvit. Inuit mannik nirilimaitpata havautituqtukhaunngittut kapurhiqtukhaunngittut.
- Timit taimaittuqtulimaitpiaqqat havautilihaaravit kapurhilihaaruvitlu influenza-qnaittumik.
- Guillain-Barre Aaniarut (GBS- akhuurutaayuq nukikmut ingutaaqtailitjut aaniarut) 8ni Santi-nik influenza-qnaittumik kapurhiruvit.
- Ukuninnga pilimaitkuvit thimerosal-mik, formaldehyde-mik piqaqtunikluuniit havautimi ittunik kapurhiutimiluuniit. Inuit kitjavyakhimayut kitjakyuaqhimayutluuniit utaqiyukhaugaluat naamakhittiqlutik taafuminnga influenza-qnaittumik havautituqtinnagit kapurhiqtinnagit. Inuit kitjavyakhimayut influenza-qnaittumik havautituqtaqtut kapurhiqtaqtut.

## Hunauvat aaniarutauvat angmaqhimaittunik influenza-qnaittumik kapurhiqniq?

Influenza hiमितित्ताunngittumik havautinga qayaknaittuq influenza-qnaittuqlu piqangitmat aaniarutmik. Tamna iluani-nukitit havautituqniq kapurhiqniqlu ulurianaqhinaqtuq kapurhiqninik qaffiuyuni ubluni ulurianaqniaqtuq inirninut. Unalu, havautinga humaangittuq aaniangittunut nutaqqanut mikiumik mihiginaqtut kapurhiqningani. Atlas mihiginaqtut kitjaklutik, aanirnilaqtut unaguhuklunilu .

## Humit piniaqqinga naunairyuumirumaguma?

Naunairyuumirumaguvit influenza-qnaittumik kapurhiutingagut uqaqatigitjavat aaniarvikmut munarhitkunnutluuniit.



# Feuille de renseignements sur le vaccin antigrippal saisonnier



## Qu'est-ce que la grippe?

La grippe est une maladie contagieuse causée par le virus de la grippe et se propage par la toux, les éternuements ou les sécrétions nasales. Les symptômes sont les suivants : fièvre, toux, perte d'appétit, douleurs musculaires, mal de gorge et fatigue. La grippe circule en tout temps de novembre à mai, mais atteint habituellement des pics en janvier et février.

## Pourquoi se faire vacciner contre la grippe?

Le vaccin antigrippal réduit la possibilité de contracter la grippe et de la propager. Les virus de la grippe se modifient continuellement. En conséquence, les vaccins contre la grippe sont mis à jour chaque année et on recommande la vaccination annuelle.

Il faut compter jusqu'à 2 semaines après la vaccination pour que la protection soit efficace. La protection dure jusqu'à un an.

## Qui devrait se faire vacciner contre la grippe?

Toute personne de 6 mois et plus devrait se faire vacciner contre la grippe.

Deux types de vaccins sont utilisés au Nunavut cette année :

- un vaccin antigrippal administré à l'aide d'un vaporisateur nasal pour les enfants de 2 à 17 ans. Consultez la feuille de renseignements sur ce vaccin appelé FluMist®.
- un vaccin inactivé antigrippal administré par injection comme par les années antérieures pour toutes les autres personnes. Cela comprend les enfants de 6 mois à 2 ans et toute personne de 18 ans et plus.

La majorité des gens n'ont besoin qu'une seule dose de vaccin inactivé antigrippal par année. Toutefois, les enfants de moins de 9 ans qui reçoivent le vaccin pour la première fois ont besoin de 2 doses, à au moins 4 semaines d'intervalle, afin d'être protégés.

## Qui devrait consulter un professionnel de la santé avant de recevoir le vaccin antigrippal inactivé?

Certaines personnes **NE** devraient **PAS** recevoir de vaccin inactivé antigrippal. Avant de décider de recevoir un vaccin, consultez un professionnel de la santé qui vous conseillera si l'un ou l'autre des cas suivants s'appliquent à vous :

- toute réaction allergique grave à tout composant du vaccin à la suite d'une dose antérieure (notamment respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler);
- une allergie aux œufs; les personnes qui ont une allergie grave aux œufs ne devraient pas recevoir le vaccin;
- une réaction grave à une dose antérieure de vaccin antigrippal;
- syndrome de Guillain-Barré (une maladie paralysante grave) dans les 8 semaines suivant une vaccination contre la grippe;
- allergie au thimérosal, au formaldéhyde ou à tout composant du vaccin.

Les personnes modérément ou gravement malades doivent habituellement attendre de guérir avant de recevoir le vaccin contre la grippe. Les personnes légèrement malades peuvent habituellement recevoir le vaccin.

## Quels sont les effets secondaires d'un vaccin antigrippal inactivé (injectable)?

Un vaccin inactivé contre la grippe est sécuritaire et ne peut pas provoquer la grippe étant donné qu'il ne contient pas de virus actif. L'administration du vaccin par injection intramusculaire peut causer de la douleur au point d'injection pendant quelques jours chez les adultes. Les enfants en santé tolèrent bien le vaccin, il peut toutefois causer de légères réactions locales au point d'injection. Le vaccin peut provoquer d'autres effets secondaires tels que la fièvre, les douleurs musculaires et la fatigue.

## Où puis-je obtenir plus d'informations?

Pour de plus amples renseignements sur la vaccination contre la grippe, communiquez avec votre unité de santé publique ou votre centre de santé communautaire.



# Seasonal Influenza Vaccine Consent Form (FLUVIRAL<sup>®</sup> – for IM Injection)

**Fax daily to RCDC:** Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

House/Building #: \_\_\_\_\_  
 P.O. Box #: \_\_\_\_\_  
 Parent/Guardian Information: \_\_\_\_\_  
     Phone # (cell/home/work/other): \_\_\_\_\_  
     Phone # (cell/home/work/other): \_\_\_\_\_  
     Phone # (cell/home/work/other): \_\_\_\_\_  
 Work/School: \_\_\_\_\_

Please fill in OR addressograph/affix label:  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sex (M/F): \_\_\_\_\_  
 DOB (dd/mm/yyyy): \_\_\_\_\_  
 Chart #: \_\_\_\_\_  
 HCP #: \_\_\_\_\_  
 Community of Residence: \_\_\_\_\_

**Please Answer:**

1	Is this a child 6 months to 8 years old who has never been vaccinated against influenza? *If yes, child should receive 2 doses, 4 weeks apart otherwise only one dose is required	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you a healthcare worker? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you sick with fever today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have bleeding problems or take blood thinners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you allergic to: <input type="checkbox"/> Eggs <input type="checkbox"/> Thimerosal <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Neomycin	<input type="checkbox"/> No
6	Have you ever experienced any of the following after a previous influenza vaccine:	
	<input type="checkbox"/> Wheezing or chest tightness <input type="checkbox"/> Difficulty breathing or swallowing <input type="checkbox"/> None <input type="checkbox"/> Swelling of the mouth or throat <input type="checkbox"/> Hospitalization <input type="checkbox"/> Guillain-Barré Syndrome <input type="checkbox"/> Other severe reaction (specify): _____	

<sup>1</sup> A healthcare worker is staff of Community Health Centres, QGH, Iqaluit Public Health/Family Practice, Dental Clinics, Pharmacists and Pharmacy Technicians

**CONSENT:**

I have read or had explained to me the *Seasonal Influenza Vaccine Information Sheet* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving the seasonal influenza vaccine for :  Myself or  My Child or  My Dependant/Ward

Print Name

Signature of Client or Parent/Legal Guardian (if applicable)

Date (dd/mm/yyyy)

**VACCINATION RECORD – ADMINISTRATIVE USE ONLY**

NOTE	IF THIS CONSENT is for a 2 to 17 YEAR OLD CHILD, PLEASE SPECIFY WHY FLUMIST <sup>®</sup> WAS NOT GIVEN:						
	<input type="checkbox"/> FLUMIST <sup>®</sup> contraindicated <input type="checkbox"/> Parent/Guardian preference <input type="checkbox"/> Other: _____						
Dose	Date	Time	Route	Dose	Vaccine	Lot Number	Signature & Designation
1	____/____/____ <small>dd mm yyyy</small>		IM	0.5 mL	<b>FLUVIRAL<sup>®</sup></b>		
2	____/____/____ <small>dd mm yyyy</small>		IM	0.5 mL	<b>FLUVIRAL<sup>®</sup></b>		





# Qalalaqinnarhigaangat Influenza-mut Kapurhiqniq Angirut Titiraq (FLUVIRAL® –IM Kapurhiqniqmut)

Ubluq tamaat kayumiktukkut tuyuqlugu RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Iglunga/Igluqpap Nampa: \_\_\_\_\_  
 Titiraqarvinga: \_\_\_\_\_  
 Angayuqqanga/Munaqtinga naunaitkut: \_\_\_\_\_  
 Hivayautinga (tigumiaqattaqtaut/iglunga/havakvinga /aatla): \_\_\_\_\_  
 Hivayautinga (tigumiaqattaqtaut/iglunga/havakvinga /aatla): \_\_\_\_\_  
 Phone # (tigumiaqattaqtaut/iglunga/havakvinga /aatla): \_\_\_\_\_  
 Havakvik/Sikuurvik: \_\_\_\_\_

Iniqtiqlugu Titiraqarvingaluuniit/nipitqautinag titiraqhimayup:  
 Kingulliqpaaq Atit: \_\_\_\_\_  
 Qablunaaqtaq atiit: \_\_\_\_\_  
 Arnauvit/Angutauvit: \_\_\_\_\_  
 Annivit (dd/mm/yyyy): \_\_\_\_\_  
 Naunaitkutaa Nampanga: \_\_\_\_\_  
 Aaniarviutimut Naunaitkutit: \_\_\_\_\_  
 Nunagiyat: \_\_\_\_\_

**Kiulugit:**

1	Una nutarauva ukiulik 6nik tatqirhiutinik 8mut ukiuqaqtumut kapurhiqhimayuittuq influenza-qnaittumik? *Angiruvit, nutaqqat kapurhiqtukhaugaluq malrukunik, hitamanik Santininguraikpat taimaa atauhiinaqmik kapurhirumik nakuuyuq	<input type="checkbox"/>	<input type="checkbox"/>
		Hii	Imannaq
2	Munarhitkunni Havakpit? <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
		Hii	Imannaq
3	Kitjakpit ublumi?	<input type="checkbox"/>	<input type="checkbox"/>
		Hii	Imannaq
4	Auklaqigaangavit auklaqihuilimaiqpakpit havautituqqilluuniit aut ?	<input type="checkbox"/>	<input type="checkbox"/>
		Hii	Imannaq
5	Pilimaitpit hapkuninnga: <input type="checkbox"/> Manniknik <input type="checkbox"/> Thimerosal-nik <input type="checkbox"/> Formaldehyde -nik <input type="checkbox"/> Neomycin-nik		<input type="checkbox"/>
			Imannaq
6	Mihiknaqhivakpa kapurhiruiraangavit influenza-qnaittumik: <input type="checkbox"/> Aniqhaagiami ayurhaliqqat hatqanganikluuniit mihiknaqhikpat <input type="checkbox"/> Ayurhalirumi anirhaagiami iigiamiluuniit <input type="checkbox"/> Piisak <input type="checkbox"/> Puvipkaqqat qaniga iggiangaluuniit <input type="checkbox"/> Aaniarviutaukpat <input type="checkbox"/> Guillain-Barré –mik Aaniaqarumi <input type="checkbox"/> Atlat mihiknaqhiqiaqqat(naunaiyarlugu): _____		

<sup>1</sup> Munarhitkunni havaktuq imaatut ittuq havaktuq Munarhitkunni, QGH-mi, Iqaluit Munarhitkunni/Taaktimi, Kiguhiqimi, Havautiliqimi Havautinik Ayuittiaqhimayumilu

**ANGIRUT:**

Taiguqtara naunaiqtitaanga uumuuna Qalalaqinnarhigaangat Influenza-mit Kapurhiqniq Naunaitkutaq Titiraq apirhiyuqlu apirhuutinik kiuyauyutlu nakuuyumik. Ilihmayunnga ikayuutiuyut ayurhautiyauniaqtuniku kapurhirumi.

Angiqtungaa pigiamni influenza-qnaittumik kapurhiraami uumunnga:  Uvamnik  Nutarara  Nutarara/Munariyara

Taiguqnaqtumik titiraqlugu atiit Sainiutinga Kapurhirahuap Angayuqqaangaluuniit/Munaqtingaluuniit (pittaqqat) Ublumi (dd/mm/yyyy)

**KAPURHIQNIQMUT NAUNAITKUTAQ – TITIQQIITKUT ATUQTAKHAINNAAT**

NAUNAIQILUGU	UNA ANGIKUT piyakhaukpat 2 – 17 mutluuniit UKIUQAQTUNUT, NAUNAITJAVAT HUUQ FLUMIST® -MIK TUNIYAUNNGITTUQ: <input type="checkbox"/> FLUMIST® contraindicated <input type="checkbox"/> Angayuqqaat/Munaqtiit piumalluqtaq <input type="checkbox"/> Aatlat: _____						
Kapurhiqninga	Qanga	Humunnaqtaumi	Qanurittuq	Qaffinik	Kapurhiqniq	Ilanganik Nampanga	Sainiutinga Tikkuqtauninngalu
1	____/____/____ dd mm yyyy		IM	0.5 mL	FLUVIRAL®		
2	____/____/____ dd mm yyyy		IM	0.5 mL	FLUVIRAL®		



## Formulaire de consentement au vaccin antigrippal saisonnier (FLUVIRAL® – Injection par voie IM)

Télécopiez les formulaires au RCDC une fois par jour : Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Maison/N° d'édifice : \_\_\_\_\_  
 Case postale : \_\_\_\_\_  
 Parent/Tuteur : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Téléphone (cell./domicile/travail/autre) : \_\_\_\_\_  
 Travail/École : \_\_\_\_\_

Veillez remplir OU apposer une étiquette

Nom de famille : \_\_\_\_\_

Prénom : \_\_\_\_\_

Sexe (H/F) : \_\_\_\_\_

DDN (jj/mm/aaaa) : \_\_\_\_\_

N° de dossier : \_\_\_\_\_

N° de RAM : \_\_\_\_\_

Collectivité de résidence : \_\_\_\_\_

Veillez répondre aux questions suivantes :

1	S'agit-il d'un enfant âgé entre 6 mois et 8 ans qui n'a jamais été vacciné contre la grippe? * Si oui, l'enfant doit recevoir deux doses, à 4 semaines d'intervalle; sinon, une seule dose suffit.	<input type="checkbox"/> Oui <input type="checkbox"/> Non
2	Êtes-vous un professionnel de la santé <sup>1</sup> ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
3	Faites-vous de la fièvre aujourd'hui?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
4	Avez-vous des problèmes de saignement ou prenez-vous des anticoagulants?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
5	Êtes-vous allergique aux produits suivants? <input type="checkbox"/> Oeufs <input type="checkbox"/> Thimérosal <input type="checkbox"/> Formaldéhyde <input type="checkbox"/> Néomycine <input type="checkbox"/> Aucun	
6	Avez-vous déjà connu les problèmes suivants à la suite d'un vaccin antigrippal? <input type="checkbox"/> Respiration sifflante ou serrement de poitrine <input type="checkbox"/> Difficulté à respirer ou à avaler <input type="checkbox"/> Aucun <input type="checkbox"/> Gonflement de la bouche ou de la gorge <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Syndrome de Guillain-Barré <input type="checkbox"/> Autre réaction aiguë (précisez) : _____	

<sup>1</sup> On entend par « professionnel de la santé » le personnel qui travaille dans les centres de santé communautaire, à l'Hôpital général Qikiqtani, au Centre de santé publique – Clinique de santé familiale d'Iqaluit et les cliniques dentaires, ainsi que les pharmaciens et les techniciens en pharmacie.

### CONSENTEMENT

J'ai lui, ou on m'a expliqué, la *Feuille de renseignements sur le vaccin antigrippal saisonnier*. J'ai eu la possibilité de poser des questions auxquelles j'ai reçu des réponses satisfaisantes. Je comprends les avantages et les risques du vaccin..

Je consens à l'administration du vaccin antigrippal saisonnier pour :

moi-même ou  mon enfant ou  ma personne à charge/mon enfant en tutelle

Nom en caractères d'imprimerie

Signature du client ou du parent/tuteur légal (s'il y a lieu)

Date (jj/mm/aaaa)

### CARNET DE VACCINATION – À DES FINS ADMINISTRATIVES SEULEMENT

NOTE	SI CE CONSENTEMENT est pour un ENFANT de 2 à 17 ANS, VEUILLEZ PRÉCISER POURQUOI FLUMIST® N'A PAS ÉTÉ ADMINISTRÉ. <input type="checkbox"/> FLUMIST® était contre-indiqué <input type="checkbox"/> Préférence du parent/tuteur <input type="checkbox"/> Autre						
Dose	Date	Heur e	Voie d'admin.	Dose	Vaccin	Numéro de lot	Signature et titre
1	____/____/____ jj mm aaaa		IM	0,5 ml	FLUVIRAL®		
2	____/____/____ jj mm aaaa		IM	0,5 ml	FLUVIRAL®		



## Appendix K

### 2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut

Product Characteristics	Live Attenuated Influenza Vaccine (LAIV)	Trivalent Inactivated Vaccine (TIV)
Manufacturer	AstraZeneca	GlaxoSmithKline (GSK)
Product name	FLUMIST®	FLUVIRAL®
Vaccine type	Live attenuated	Inactivated – split virus
Route	Intranasal spray	IM
Dose & site	0.2 mL (0.1 mL in each nostril)	0.5 mL (given into the deltoid or anterolateral thigh)
Authorized ages for use in Nunavut	Ages 2 to 17 years old	6 months and older. May be used for ages 2 – 17 years when FLUMIST® is contraindicated or unavailable
Formats available	Prefilled single use glass sprayer	5 mL multidose vial
Thimerosal	No	Yes
Antibiotics (trace)	Gentamicin	None
Clinically relevant non-medical ingredients	Egg protein; Gelatin hydrosylate; Sucrose; Arginine	Egg protein; Formaldehyde; Sodium deoxycholate; Sucrose
Pediatric considerations	Children 6 months to 8 years of age receiving influenza vaccine for the <u>first time</u> require 2 doses, 4 weeks apart. Those who have been previously received 1 or more doses only require 1 dose per season	Children 6 months to 8 years of age receiving influenza vaccine for the <u>first time</u> require 2 doses, 4 weeks apart. Those who have previously received 1 or more doses only require 1 dose per season
Child with runny/stuffy nose	Proceed with FLUMIST® as long as nasal mucosa can be visualized. If nasal cavity is occluded, delay FLUMIST® or consider FLUVIRAL®	Proceed to vaccinate if meets the remaining criteria and consent has been obtained from caregiver
Simultaneous administration with other vaccines	May be given at the same time as other inactivated or live vaccines. However, after administration of a live vaccine (such as FLUMIST®), at least 4 weeks should pass before another live vaccine is administered	May be given at the same time as other inactivated or live vaccines
Simultaneous administration with TST	A TST should be placed on the same day as FLUMIST®, or deferred for at least 4 weeks from day of vaccine	No effect on the timing of a TST
Vaccine interchangeability	FLUMIST® and FLUVIRAL® are interchangeable	
Contraindications – do not vaccinate	<ul style="list-style-type: none"> <li>-Anaphylactic reaction to a previous dose or vaccine components i.e. eggs, gentamicin, gelatin, arginine</li> <li><b>NOTE:</b> Do not vaccinate those with egg allergy</li> <li>-Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination, an apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization</li> <li>-ORS with lower respiratory tract symptoms</li> <li>-Serious acute febrile illness</li> <li>-Guillain Barré (GBS) within 8 weeks of a previous influenza vaccine</li> <li>-Individuals with severe asthma (defined as currently on inhaled or oral glucocorticosteroids or active wheezing) OR those with medically attended wheezing in the 7 days prior to vaccination</li> <li>-Individuals 2-17 years currently receiving aspirin or aspirin-containing medication</li> <li>-Immune compromised</li> <li>-Close contact with persons with severe immune compromising conditions (e.g. bone marrow transplant recipients requiring isolation)</li> <li>-Individuals taking antiviral medications e.g. oseltamivir (Tamiflu) or zanamivir</li> </ul>	<ul style="list-style-type: none"> <li>-Anaphylactic reaction to a previous dose or to any of the vaccine components i.e. eggs, thimerosal, formaldehyde, neomycin</li> <li><b>NOTE:</b> Do not vaccinate those with egg allergy</li> <li>-Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination, an apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization</li> <li>-ORS with lower respiratory tract symptoms</li> <li>-Serious acute febrile illness</li> <li>-Guillain Barré (GBS) within 8 weeks of a previous influenza vaccine</li> </ul>

**Contact the RCDC with questions not addressed here**