NOVA SCOTIA
Health and Wellness

Q & A: Publicly Funded Seasonal Inactivated Influenza Vaccine Information for 2017-18

Highlights for 2017-18

Quadrivalent vaccine products

- Nova Scotia will continue to offer inactivated quadrivalent influenza vaccines for 2017-18. The components of the vaccine include:
  - A/Michigan/45/2015 (H1N1) pdm09-like virus
  - A/Hong Kong/4801/2014 (H3N2)-like virus
  - B/Brisbane/60/2008-like virus
  - B/Phuket/3073/2013-like virus
- The products used this year will include:
  - Fluzone® Quadrivalent (Sanofi)
  - Flulaval® Tetra (Glaxo Smith Kline [GSK]): Use of imprecise equipment may lead to inability to withdraw the full 10 doses. For the Flulaval® Tetra product, the 1 mL syringe is recommended as per the instruction sheet. The 3 mL syringe should be avoided since the injection volume is 0.5 mL.

Stability of vaccine product

- Post puncture shelf life for multidose vials of Fluzone® Quadrivalent (Sanofi) is up to expiry date indicated on the vial label providing they are kept at +2°C to +8°C between uses.
- Post puncture shelf life for multidose vials of Flulaval® Tetra (GSK) is 28 days providing they are kept at +2°C to +8°C between uses.
- A maximum of 10 total doses can be withdrawn from the multidose vial.
- Vaccine Cold Chain should be maintained at all times (2°C to 8°C). The vaccine should not be frozen and must be protected from light.

1. How do I order my supply of vaccine and when will it arrive?

Immunization providers should initially order a two to four-week supply of influenza vaccine and continue to order on a monthly basis. Order only the amount you estimate you will use within the month. **We encourage you to start immunizing as soon as you receive your vaccine supply.** Please try to first immunize people at greatest risk of influenza-related complications and those people who live with or care for them.

Seasonal influenza vaccine is sent from the manufacturer to the Nova Scotia Provincial Biodepot over a period of 6-8 weeks in varying quantities. Vaccine will be distributed from Public Health offices beginning on **October 10th.** It is critical for Public Health to manage the supply of vaccine to ensure equitable distribution to all immunization providers.

Every year, there are potential delays in vaccine development and distribution from vaccine manufacturers. In addition, distribution from the Biodepot takes a week to 10 days, so it is impossible for every provider to receive their supply at the exact same time. We ask for your patience and your help explaining the situation when clients ask why some providers have vaccine earlier than others.

2. What are my accountabilities as an immunization provider?

Reporting

- Adverse Events Following Immunization are to be reported to local Public Health as per the *It's the Law: Reporting Adverse Events Following Immunization* poster (see Q 18).
- Physicians are to use MSI billing codes (see Q 16).
- Pharmacists are to use pharmacy billing codes (see Q 17).
- Other immunization providers are to complete aggregate data collection forms that are provided by and returned to Public Health.

Reporting Cold Chain Breaks

Report all cold chain breaks to the local Public Health office. Keep vaccine refrigerated while waiting to receive direction from Public Health on use of affected vaccines.

Competency

Immunizers will follow their respective professional guidelines (e.g. CRNNS, CPSNS, CLPNNS, and NSCP) with respect to immunization competency and professional responsibility. Immunizers may need to be deemed competent by their employing agency or college to provide immunization.

Safety

Epinephrine must be present during vaccine administration.

- Clients must be monitored for at least 15 minutes post-immunization.
- Documentation of vaccine administration must include the lot number of the vaccine in case of recall or adverse event.

Duty of Care/Role Model

Annual influenza immunization of health care workers is very important for reducing influenza-related morbidity and mortality among high risk groups and individuals to whom you provide care. All immunization providers should receive an annual influenza vaccine.

3. What is the dosage and frequency of the influenza vaccines?

As per the *NACI Influenza 2017-18 statement*, the dose for inactivated quadrivalent vaccine is 0.5 ml for all age groups. This information differs from the product monograph.

Inactivated Unadjuvanted Influenza Vaccine Doses by Age, 2017-18

Age Group	Dose	No. of Doses
9 years and older	0.5 ml	1
6 months-8 years*	0.5 ml	1 or 2*

*Children ages 6 months to less than 9 years who are receiving seasonal influenza vaccine for the first time should be given two doses, with a minimum interval of four weeks between doses. Children less than 9 years old who have been previously immunized with one or more doses of seasonal influenza vaccine are to receive one dose of influenza vaccine each year thereafter.

4. Who is eligible to receive influenza vaccine?

Immunization against influenza is publicly funded and advised for **all** Nova Scotians 6 months and older. The vaccine is free of charge.

As in previous years, non-residents, including temporary visitors and international students, are eligible to receive publicly funded influenza vaccine.

5. Which groups are particularly recommended to receive influenza vaccine?

- People at high risk of influenza-related complications or hospitalization.
- People capable of transmitting influenza to those at high risk.

Please refer to the *NACI Influenza 2017-18 statement* for further details.

6. Who should NOT routinely be given influenza vaccine?

- Infants less than 6 months of age.
- People who have had an anaphylactic reaction to a previous dose.
- People who have had an anaphylactic reaction to any of the vaccine components (with the exception of egg).
- People who have a serious acute febrile illness.
- People known to have had Guillain-Barré Syndrome within 6 weeks of a previous influenza vaccine.

7. Should people who have experienced Ocular Respiratory Syndrome (ORS) following receipt of a previous influenza vaccine be immunized?

Individuals who have experienced ORS without lower respiratory tract symptoms may be safely re-immunized with influenza vaccines. People who have experienced ORS with lower respiratory tract symptoms should have an expert review.

8. Should people who are allergic to eggs receive the influenza vaccine?

Egg allergic individuals may be vaccinated against influenza using inactivated quadrivalent influenza vaccine without a prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg, and without any particular consideration including immunization setting.

9. Should pregnant women receive the influenza vaccine?

Yes. NACI strongly recommends inactivated trivalent or quadrivalent vaccine for pregnant women at any stage of pregnancy.

10. Is influenza vaccine safe for breastfeeding mothers?

Yes, the influenza vaccine is safe for breastfeeding mothers.

11. Can I draw up the influenza vaccine into syringes to be used at a later time?

No. The manufacturer has no data to confirm that immunogenicity of the product will be preserved after prolonged exposure to the plastic of the syringe. There are also concerns regarding bacterial contamination. Therefore, influenza vaccine should be injected as soon as possible after being drawn up.

12. How is the influenza vaccine administered?

The influenza vaccine is administered intramuscularly. The deltoid muscle is the recommended site in adults and children over 12 months of age. The anterolateral thigh is the recommended site in infants 6-12 months of age.

13. How soon following immunization does protection develop and how long does it last?

Protection from the influenza vaccine generally begins 10 to 14 days after immunization and may last 6 months or longer.

14. What are the side effects of the inactivated influenza vaccine?

The most common reaction is pain at the injection site. Tenderness, erythema and swelling may also be noted at the injection site. Myalgia, headache, fatigue and arthralgia may also be common post influenza vaccination.

15. How do physicians bill for influenza immunization?

MSI billing information for influenza (Flu) and polysaccharide pneumococcal (PC) vaccines:

Billing requires a health service code, a modifier, and a diagnostic code				
Immunization	**Health Service Code**	**Modifier**	**MSUs**	**Diagnostic Code**
Influenza	13.59L	RO=INFL	6.0	Select diagnostic code from the table below
Pneumococcal	13.59L	RO=PNEU	6.0	

Patient Status	Diagnostic Codes	
	FLU	**PC and FLU**
Pregnant	V221	N/A
Males & non-pregnant females	V048	V066

Provincial immunization tray fee:

Health Services Code	Description	MSUs
13.59M	Provincial immunization tray fee	1.5 per multiple (max 4/visit)

Notes for billing:

- If one vaccine is administered but no associated office visit is billed (i.e. the sole purpose for the visit is the immunization), claim the immunization at a full fee of 6.0 MSUs.
- If two vaccines are administered at the same visit but no associated office visit is billed (i.e. the sole purpose for the visit is the immunization), claim for each immunization at a full fee of 6.0 MSUs each.
- If one vaccine is administered in conjunction with a billed office visit, claim both the office visit and the immunization at full fee.
- For children less than 12 months of age, if a vaccine is administered in conjunction with a well-baby care visit, claim the well-baby care visit and the immunization.
- If two vaccines are administered in conjunction with a billed office visit, claim the office visit and the first injection can be claimed at full fee. All subsequent injections will be paid at 50%.

16. How do pharmacists bill for influenza immunization?

Pharmacy billing information is used to collect data on pharmacist-administered vaccines as part of assessing overall vaccine coverage rates.

Fees for the administration of publicly-funded influenza vaccine by Pharmacists to Nova Scotia residents 5 years of age and over with a valid Nova Scotia Health Card must be billed to Pharmacare online. The electronic claim must contain the following in the patient's insurance field:

- Patient ID – the patient's Nova Scotia Health Card Number
- Carrier ID – NS

If a patient is already set up in the pharmacy system with Pharmacare coverage (e.g., Seniors' Pharmacare, Family Pharmacare), a separate patient file does not need to be created.

Claims must be submitted using the DIN of the vaccine administered to the patient, unless the patient is pregnant or is a child receiving a second vaccine dose. The following Table provides direction related to submitting claims using a PIN for pregnant women or children receiving a second dose.

Claims are submitted with the administration fee in the professional fee field. Providers are not reimbursed for ingredient costs or markups for these claims as they are able to access publicly-funded vaccine at no charge.

More details can be found within the *Nova Scotia Pharmacare Programs Pharmacists' Guide*.

Claims Submission Field Content for Pharmacist-Administered Publicly Funded Influenza Vaccines

Claims Submission Field Content for Pharmacist-Administered Publicly Funded Influenza Vaccines		
CPhA Claim Standard Field #	**CPhA Claim Standard Field Name**	**Content**
D.56.03	DIN/GP#/PIN	**DINs** - Fluzone Quadrivalent MDV 02432730 - Fluzone Quadrivalent PFS 02420643 - FluLaval Tetra 02420783 **PIN for pregnant women** – Fluzone Quadrivalent 93899895 – FluLaval Tetra 93899893 **PIN for second dose for children** – Fluzone Quadrivalent 93899896 – FluLaval Tetra 93899894
D.58.03	Quantity	000001 (one)
D.61.03	Prescriber ID	Pharmacists prescriber ID
D.66.03	Drug Cost/Product Value	DDDDD (dollar value - not adjudicated)
D 67.03	Cost Upcharge	DDDDD (dollar value - not adjudicated)
D.68.03	Professional Fee	$12.00

17. What adverse events need to be reported to Public Health?

All adverse events not normally expected (i.e. listed in the product monograph) that are temporally related to the administration of the vaccine need to be reported to local public health in accordance with the *It's the Law: Reporting of Adverse Events Following Immunization* poster.

18. Can the inactivated influenza vaccine cause influenza illness?

No. The inactivated influenza vaccine does not contain live virus and cannot cause influenza.

19. Can you receive the inactivated influenza vaccine before or after having donated/received blood or Immune Globulin?

Yes.

20. Can the influenza vaccine be administered with other vaccines or if other vaccines have been received recently?

Yes, you can administer influenza vaccine at the same time as other vaccines (e.g. adult pertussis vaccine, pneumococcal vaccine) but with separate needles and syringes in different sites. If other vaccines have been received recently, there is no interval of time needed between receiving inactivated influenza vaccine and any other vaccines.

21. Where can I get more information on influenza vaccines?

For more information on influenza vaccine, contact your local Public Health office. You may also check the following websites:

- Public Health Agency of Canada (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2016-17
- Nova Scotia Department of Health and Wellness
- Canadian Public Health Association
- Canadian Immunization Guide
- Immunize Canada