

# Seasonal Influenza Vaccine for Residents of Long-term Care Facilities

## Questions & Answers for Health Care Providers

---

The following is a set of commonly asked questions and answers to help guide health care providers in the implementation of Fluzone® High-Dose for residents of long-term care facilities aged 65 years and older as part of Manitoba's Seasonal Influenza Immunization Program.

---

### 1. What influenza vaccine is being offered to residents of long-term care facilities?

The high-dose inactivated influenza vaccine, Fluzone® High-Dose, is preferentially recommended over standard-dose inactivated influenza vaccine for residents of long-term care facilities (LTCF) in Manitoba who are 65 years of age or older. Fluzone® High-Dose is an inactivated influenza vaccine that protects against three of the influenza strains (2A + 1B) predicted to be circulating in North America each season. Fluzone® High-Dose contains four times the amount of influenza virus particles for each strain compared to the standard-dose influenza vaccine, and is expected to provide better protection in seniors against seasonal influenza compared to the standard-dose influenza vaccine.

If a resident declines the high-dose vaccine, the standard-dose influenza vaccine is also available.

### 2. How was Fluzone® High-Dose eligibility determined?

Manitoba Health, Seniors and Active Living (MHSAL), in consultation with provincial vaccine experts, is offering Fluzone® High-Dose to residents of LTCFs aged 65 years and older because they are known to be at higher risk of complications from influenza.

Lower respiratory tract infections including pneumonia, bronchitis and tracheobronchitis are leading causes of admission to hospital in adults aged 65 years or older, especially in frail older adults, such as those who reside in nursing homes. The number of nursing home residents admitted to hospital varies considerably between facilities, but is more frequent during the 16 weeks of peak influenza activity each year. Fluzone® High-Dose is expected to provide superior protection against influenza among frail older individuals.

### 3. Since Fluzone® High-Dose only protects against three strains, what about the fourth strain? Is protection against the fourth strain important?

Fluzone® High-Dose is expected to provide superior protection against influenza A(H3N2) disease in particular. This strain has historically produced a disproportionate burden of illness (morbidity and mortality) in those 65 years of age and over. Influenza B, although an important cause of illness, produces less morbidity and mortality in this age group.

The World Health Organization recommends which influenza B strain should be included in all trivalent influenza vaccines, including the high-dose vaccine.

The strains that circulate throughout the influenza season cannot be predicted with certainty.

### 4. If there was a B strain mismatch this year, should I immunize my LTCF patients with the four-strain, standard-dose influenza vaccine later in the season?

No. Only one dose of influenza vaccine is recommended each year, even if there is a mismatch of circulating influenza strains.

Every circulating influenza strain can cause severe illness in any population. Although influenza caused by the B strain can be an important cause of illness, it tends to produce less morbidity and mortality in those 65 years of age and older.

### 5. How is "long-term care facility (LTCF)" defined for the purposes of Fluzone® High-Dose eligibility?

For the purposes of eligibility for Fluzone® High-Dose, LTCFs are defined as residential facilities for predominantly older persons with chronic illness or disability, also known as personal care homes or nursing homes.

# Seasonal Influenza Vaccine for Residents of Long-term Care Facilities

---

Respite care clients admitted to an LTCF on a temporary basis such as on weekends or extended periods (e.g. vacation) are eligible to receive Fluzone® High-Dose while in the LTCF as long as they are at least 65 years of age .

Clients in interim/transitional care beds are eligible for publicly funded Fluzone® High-Dose, as are any new, unimmunized residents admitted to an LTCF during the flu season (September to March).

Clients living in the following community-based housing “alternatives” are not eligible for publicly funded Fluzone® High-Dose:

- Supportive Housing, which is a tenant/landlord situation with subsidized supports (non-medical/care) operated in conjunction with the RHAs (either directly or via service purchase agreement with private operators)
- Manitoba Families housing with support options (such as group homes)
- Privately operated assisted living sites

**All patients ineligible for Fluzone® High-Dose based on the above criteria should be offered standard-dose influenza vaccine free-of-charge. Alternatively, people ineligible for Fluzone® High-Dose may decide to privately purchase the vaccine from a pharmacy. Please note: a prescription is required.**

**Please consult MHSAL via email at [vaccines@gov.mb.ca](mailto:vaccines@gov.mb.ca) if you are unsure of your client’s eligibility for publicly funded Fluzone® High-Dose.**

## 6. What evidence supports Fluzone® High-Dose being offered specifically to senior residents of LTCFs?

Gravenstein and colleagues (July 2017)<sup>1</sup> found that in a large cluster-randomised trial of elderly populations residing in nursing homes, Fluzone® High-Dose was significantly more effective than standard-dose influenza vaccine in preventing respiratory-related hospital admissions by 12.7 per cent, pneumonia hospitalizations by 20.9 per cent as well as all-cause hospital admissions by 8.5 per cent. The study concluded that when compared with standard-dose influenza vaccine, Fluzone® High-Dose can reduce risk of respiratory-related hospital admissions from nursing home residents aged 65 years and older.

## 7. Is Fluzone® High-Dose safe?

Fluzone® High-Dose has been authorized for use in Canada since 2015 and in the United States since 2009. Approximately 70 million doses of Fluzone® High-Dose have been distributed in the United States since its licensure.

Fluzone® High-Dose has been observed to produce a higher rate of some local and systemic reactions compared to the standard-dose influenza vaccine. Studies have reported higher rates of malaise, myalgia and fever. Most systemic reactions were mild and resolved within three days. Serious adverse events were rare, and similar in frequency between the standard-dose inactivated influenza vaccine and Fluzone® High-Dose.

## 8. What if my patient refuses Fluzone® High-Dose?

Fluzone® High-Dose is safe and expected to provide better protection against seasonal influenza compared to the standard-dose influenza vaccine. Fluzone® High-Dose is therefore recommended for residents of LTCFs who are 65 years of age and older. Every effort should be made to ensure the patient understands the expected higher efficacy of Fluzone® High-Dose and that this vaccine is recommended for them. Patients who still decline Fluzone® High-Dose following this discussion may be offered standard-dose influenza vaccine if supply permits.

## 9. Is a separate consent form required for Fluzone® High-Dose?

MHSAL’s *Seasonal Influenza and Pneumococcal Vaccine Consent Form* is not product specific ([www.manitoba.ca/health/flu/docs/flupneumo\\_consentform.pdf](http://www.manitoba.ca/health/flu/docs/flupneumo_consentform.pdf)). Therefore, MHSAL’s form (or other LTCF-developed forms) continue to be suitable for the purposes of obtaining consent for Fluzone® High-Dose (provided product specific information is not included as part of the consent form).

## 10. What if a client less than 65 years of age gets Fluzone® High-Dose?

Fluzone® High-Dose is not indicated for use in individuals less than 65 years of age. There is currently limited published safety and/or effectiveness data in adults less than 65 years of age. However, it would be reasonable to expect a robust immune

# Seasonal Influenza Vaccine for Residents of Long-term Care Facilities

response in this situation. Patients less than 65 years of age that inadvertently receive Fluzone® High-Dose are NOT recommended to be re-immunized with standard-dose influenza vaccine.

## 11. Can I (public health nurse/ physician/ pharmacist) get remunerated for the administration of Fluzone® High-Dose?

All Fluzone® High-Dose vaccines administered to Manitobans must be documented and recorded in the Manitoba Immunization Registry by: (1) direct entry into the Public Health Information Management System (PHIMS)/ Physician Billings/ Drug Program Information Network (DPIN); or, (2) manual completion of the *Immunization Inputting Form for Health Care Providers* ([www.manitoba.ca/health/publichealth/cdc/div/docs/iifhcp.pdf](http://www.manitoba.ca/health/publichealth/cdc/div/docs/iifhcp.pdf)).

The Fluzone® High-Dose tariff code (8775) is not included in The Physician's Manual. However, analysis of historical data shows that very few seasonal influenza vaccine doses given to residents of LTFCs are administered by fee-for-service physicians. Therefore, fee-for-service physicians should report all Fluzone® High-Dose vaccines given to residents of LTFCs manually by completing the form (referred to above). Any fee-for-service physicians concerned about remuneration for Fluzone® High-Dose should contact MHSAL at [vaccines@gov.mb.ca](mailto:vaccines@gov.mb.ca).

## 12. If my patient was given Fluzone® High-Dose last year, do they have to get Fluzone® High-Dose this year too?

Being immunized against influenza every year is important in order to have the best protection against influenza and its complications.

Different influenza vaccine products may be used each season (barring any contraindications). The administration of Fluzone® High-Dose in any given year does not mean that those same individuals must also receive Fluzone® High-Dose in subsequent years. Seasonal influenza vaccine product selection in one season has no impact on future influenza vaccine product selections.

## 13. Are other provinces/territories offering Fluzone® High-Dose this year?

Manitoba was the first province to offer Fluzone® High-Dose. Over the past couple of years more jurisdictions have begun offering Fluzone® High-Dose, including Saskatchewan, Ontario, Nova Scotia, Prince Edward Island and the Northwest Territories.

## 14. Can I give Fluzone® High-Dose at the same time as Pneumovax® 23 (and other vaccines, such as Zostavax® or Shingrix®)?

Yes. Simultaneous administration of several distinct vaccines may take place without immune interference if vaccines are administered at sites draining into distinct lymph node areas (e.g. left and right arm).

## 15. Where can I get more information about Fluzone® High-Dose?

**Manitoba's Seasonal Influenza Immunization Program Plan which includes links to the National Advisory Committee (NACI) annual influenza statement and the product monographs:**

[www.manitoba.ca/health/publichealth/cdc/div/manual/docs/msiipp.pdf](http://www.manitoba.ca/health/publichealth/cdc/div/manual/docs/msiipp.pdf)

**Manitoba's Seasonal Influenza Website:**

[www.manitoba.ca/health/flu/index.html](http://www.manitoba.ca/health/flu/index.html)

<sup>1</sup> Gravenstein, S., Davidson, H.E., Taljaard, M., Ogarek, J., Gozalo, P., Han, L and Vincent Mor. "Comparative effectiveness of high-dose versus standard-dose influenza vaccination on numbers of US nursing home residents admitted to hospital: a cluster-randomised trial." (July 2017). The Lancet. [http://dx.doi.org/10.1016/S2213-2600\(17\)30235-7](http://dx.doi.org/10.1016/S2213-2600(17)30235-7)