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 as part of Manitoba’s Seasonal Influenza Immunization Program.

1. What is Fluzone® High-Dose?
This year, a new seasonal influenza vaccine, known as Fluzone® High-Dose, is being offered to people 65 years of age or older who are living in long-term care facilities (LTCF) in Manitoba. This vaccine is a trivalent inactivated vaccine (TIV) and protects against three (2A + 1B) of the influenza strains predicted to be circulating in North America during the 2017-18 influenza season. Fluzone® High-Dose contains four times the amount of influenza virus antigen per strain compared to the standard-dose influenza vaccine, and is expected to provide better protection against seasonal influenza compared to the standard-dose vaccine.

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 senior residents of LTCFs who are known to be very susceptible to complications from influenza.

Lower respiratory tract infections including pneumonia, bronchitis and tracheobronchitis are a leading cause of admission to hospital in adults aged 65 years of 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.

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 over 65 years of age. Influenza B, although an important cause of illness, produces less morbidity and mortality in this age group.

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. See question above.

5. How is “long-term care facility (LTCF)” defined for the purposes of Fluzone® High-Dose eligibility?
For the purposes of Fluzone® High-Dose eligibility in the 2017-18 season, LTCFs are defined as residential facilities for predominantly older persons with chronic illness or disability, also known as personal care homes or nursing homes.

Respite care clients admitted to LTCF on a temporary basis are those for whom care is provided for on weekends or extended periods (e.g. vacation). Such care may be provided through temporary placement in an LTCF. So long as these clients are at least 65 years of age, they are also eligible to receive Fluzone® High-Dose while in the LTCF.

Clients in transitional beds, even though being assessed for LTCF eligibility, would NOT be eligible for publicly-funded Fluzone® High-Dose.

Clients living in the following community-based housing “alternatives” are not a part of the provincial personal care home bed map and should therefore not be offered Fluzone® High-Dose:

- Supportive Housing which is a tenant/landlord situation with subsidized supports (non-medical/care) operated in conjunction with the RHA (either directly or via service purchase agreement with private operators)
- Department of Families housing with support options (such as group homes)

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- Privately operated assisted living sites

**All patients ineligible for Fluzone® High-Dose should be offered standard-dose inactivated influenza vaccine free-of-charge.**

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

Gravenstein and colleagues (July 2017)\(^1\) found that in a large cluster-randomised trial of elderly populations residing in nursing homes, Fluzone® High-Dose was significantly more effective in preventing respiratory-related hospital admissions by 12.7%, pneumonia hospitalizations by 20.9% as well as all-cause hospital admissions by 8.5%. 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.

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 the LTCF population 65 years of age and older. 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.gov.mb.ca/health/flu/docs/flupneumo_consentform.pdf](http://www.gov.mb.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 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 Panorama/ Physician Billings/ DPIN; or, (2) manual completion of the *Immunization Inputting Form for Health Care Providers* ([www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf)).

The Fluzone® High-Dose tariff code (8775) is not included in The Physician’s Manual for the 2017-18 season. However, analysis of historical data shows that very few seasonal influenza vaccine doses given to residents of LTCFs are administered by fee-for-service physicians. Therefore, fee-for-service physicians should report all Fluzone® High-Dose vaccines given to residents of LTCFs manually by completing the form (referred to above). Any fee-for-service physicians concerned about remuneration for Fluzone® High-Dose should call (204) 788-6737.
12. If my patients get Fluzone® High-Dose this year, do they have to get Fluzone® High-Dose next year too?

Different influenza vaccine products may be used each season (barring any contraindications). The administration of Fluzone® High-Dose this year for residents of LTCFs 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 vaccine product selections.

13. Why is Manitoba the only province / territory to offer Fluzone® High-Dose?

Decision-making processes for vaccine introduction and implementation differs across the provinces and territories. Some jurisdictions use alternative vaccines among individuals living in LTCFs, such as Fluad® (an adjuvanted vaccine).

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

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).

References