

## 11.0 Specialized and Annual Immunization Protocols (in alphabetic order)

- **Influenza**
  - Protocols will be distributed in the Fall
  
- **Rabies**
  - Imovax® Rabies Vaccine
  - Rabavert® Vaccine
    - Rabies Vaccine Fact Sheets
    - Rabies Post-Exposure Prophylaxis Consent Form
    - Rabies Pre-Exposure Vaccination Consent Form
  - HYPERRAB® S/D Rabies Immune Globulin
  - Imogam® Rabies Immune Globulin
    - Appendix A - Injection Technique for Rabies Immune Globulin (Rablg)
    - Rabies Immune Globulin Fact Sheets
  
- **Palivizumab for Respiratory Syncytial Virus (RSV) prevention**
  - **Synagis®**
    - Protocol will be distributed in the Fall

## 11.1 Specialized and Annual Immunization Protocols (in alphabetic order)

- **Influenza**
  - Fluzone® Quadrivalent Vaccine (IM injectable)
  - Fluzone® Quadrivalent Fact Sheets
  - Fluzone® Quadrivalent Consents

# Immunization Protocol for IMOVAX<sup>®</sup> Rabies

<b>Purpose</b>	To provide information and guidance for the rabies immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
<b>Objective</b>	To prevent the infection of rabies in Nunavummiut.
<b>Indication</b>	The Rabies vaccine is indicated for individuals at risk for exposure, as well as for those requiring post-exposure prophylaxis. See section on eligibility below for specific information on who is eligible to receive the publically funded vaccine.
<b>Product</b>	IMOVAX <sup>®</sup> Rabies
Vaccine Type	Inactivated, human diploid cell rabies vaccine (HDCV)
Vaccine components	Freeze-dried suspension of rabies virus prepared from strain PM-1503-3M. The potency of one dose (1.0 mL) is equal to or greater than 2.5 international units (IU) of rabies antigen.  Neomycin sulfate, Human serum albumin, and Phenol red indicator.
Formats available	Consists of 1 vial of freeze-dried rabies vaccine and 1 vial of sterile diluent. Follow package insert for reconstitution guidelines. The freeze-dried vaccine is creamy white to orange. After reconstitution it is pink to red.
Manufacturer	Sanofi Pasteur Ltd.
Administration	Intramuscular (IM) only. The preferred site of administration for infants < 1 year of age and in children with inadequate deltoid muscle mass is the anterolateral thigh (vastus lateralis). The preferred site of administration for children with adequate muscle mass and adults is the deltoid muscle. IMOVAX <sup>®</sup> Rabies <u>should never be given in the gluteal region</u> as this may result in a decreased immune response. The Rabies vaccine should be given in a site <u>as far away as possible</u> from the Rabies Immune Globulin (if indicated).  <b>Note:</b> Intradermal (ID) injection is not recommended in Nunavut.

## Post-exposure Prophylaxis

Eligibility	Post-exposure prophylaxis is indicated <b>only</b> under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
<b>Dose Series Post-exposure</b>	<b>Volume (mL)</b>	<b>Schedule (in days)</b>	<b>Rabies Immune Globulin (Rablg)</b>	<b>Serology Testing (Rabies antibodies titer)</b>
Unimmunized Immune competent individuals	1 mL	0, 3, 7, and 14 days	Yes. One dose given on day 0.	Not routinely indicated
Unimmunized Immune compromised individuals or those taking anti-malarial medication	1 mL	0, 3, 7, 14, and 28 days	Yes. One dose given on day 0.	Should be checked 7 to 14 days after completion of series

Dose Series Post-exposure	Volume (mL)	Schedule (in days)	Rabies Immune Globulin (Rablg)	Serology Testing (Rabies antibodies titer)
Previously appropriately immunized Immunocompetent individuals	1 mL	0, 3	Not routinely indicated	Not routinely indicated
Previously appropriately immunized immune compromised individuals	1 mL	0, 3, 7, 14, and 28 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Incompletely or inadequately immunized individuals or if antibody titers are unknown	1 mL	0, 3, 7, and 14 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Special Instructions	<p>The vaccination schedule for post-exposure prophylaxis should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose.</p> <p>If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.</p>			
Booster Dose	<p>Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of &lt; 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.</p>			
Contraindications	<p>There are no specific contraindications to the use of IMOVAX® Rabies in the post-exposure situation; however, care should be taken if the vaccine is to be administered to persons known to be sensitive to neomycin or any other component of the vaccine (see section on vaccine composition) as even trace amounts may cause an allergic reaction in such individuals.</p> <p>Post-exposure vaccination <b>should not</b> be postponed in persons with moderate or severe acute illness.</p>			

<b>Pre-exposure Prophylaxis</b>	
Eligibility	<p>For Pre-exposure prevention the rabies vaccine is publically funded to <b>only</b> the following recommended recipients at increased risk in Nunavut:</p> <ul style="list-style-type: none"> <li>• Conservation officers</li> <li>• By law officers</li> <li>• Lay vaccinators</li> <li>• Government of Nunavut Biologists</li> </ul> <p>* Consult with the CMOH for others who are potentially at high risk of contact with rabid animals</p>

<b>Dose Series</b>	<b>Volume (mL)</b>	<b>Schedule (in days)</b>	<b>Rabies Immune Globulin (Rablg)</b>	<b>Serology Testing (Rabies antibodies titer)</b>
<b>Pre-exposure</b>				
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years <u>only</u> in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	<p>The vaccination should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose.</p> <p>If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.</p> <p>*If possible to avoid exposure, immunization should be deferred in those who are immune compromised.</p>			
Booster Dose	<p>Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of &lt; 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended.</p> <p>Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.</p>			
Contraindications	<p>For pre-exposure immunization with IMOVAX<sup>®</sup> Rabies, a history of anaphylaxis to the vaccine, or any of the vaccine components (see full list below) is considered a contraindication.</p> <p>Pre-exposure immunization with rabies vaccine should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.</p>			

<b>Vaccine Supply and Distribution</b>	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
<b>Storage</b>	<p>Store in monitored vaccine refrigerator between 2°C and 8°C.</p> <p>DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy</p>
<b>Consent</b>	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
<b>Anaphylaxis</b>	Review the principles of the emergency management of anaphylaxis, as found in: <a href="#">Anaphylaxis: Initial Management in Non-Hospital Settings</a> , found in the Canadian Immunization Guide.
<b>Side Effects</b>	Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local

	<p>or mild systemic adverse reactions. Usually such reactions can be successfully managed with anti-inflammatory and antipyretic agents.</p> <p>Local reactions include pain, erythema, and swelling or itching at the injection site. Mild systemic reactions include headache, nausea, abdominal pain, muscle aches and dizziness.</p> <p>Serious systemic anaphylactic or neuroparalytic reactions following immunization have been reported.</p>
<b>Reportable Adverse Events/Side Effects</b>	<p>Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC.</p> <p>The Nunavut policy is:</p> <ul style="list-style-type: none"> <li>Adverse Events Following Immunization (AEFI) should be used <b>only</b> for the reporting of serious adverse events following immunization. The form is available online at: <a href="#">Adverse Event Following Immunization (AEFI) Form</a></li> <li>The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC.</li> </ul> <p>If there is an AEFI <b>and</b> a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed.</p> <p>All completed forms should be faxed to RCDC at the numbers listed below:  Qikiqtaaluk: 867-975-4833;      Kitikmeot: 867-983-4088;      Kivalliq: 867-645-8272</p>
<b>Vaccine Coverage and Reporting</b>	Under development.
<b>Documentation</b>	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
<b>Materials and Resources</b>	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
<b>References</b>	<ol style="list-style-type: none"> <li>IMOVAX<sup>®</sup> Rabies Product Monograph. Sanofi Pasteur Limited. November 2, 2005.</li> <li>Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: <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></li> </ol>

# Immunization Protocol for RabAvert<sup>®</sup>

## Rabies

<b>Purpose</b>	To provide information and guidance for the rabies immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
<b>Objective</b>	To prevent the infection of rabies in Nunavummiut.
<b>Indication</b>	The Rabies vaccine is indicated for individuals at risk for exposure, as well as for those requiring post-exposure prophylaxis. See section on eligibility below for specific information on who is eligible to receive the publically funded vaccine.
<b>Product</b>	RabAvert <sup>®</sup> Rabies
<b>Vaccine Type</b>	Inactivated, purified chick embryo cell rabies vaccine (PCECV)
<b>Vaccine components</b>	Freeze-dried vaccine for reconstitution with a diluent / $\geq 2.5$ IUs of rabies antigen per 1 mL.  Neomycin, Polygeline (gelatin), Human serum albumin, Chlortetracycline, Amphotericin B, Ovalbumin (chick protein)
<b>Formats available</b>	Consists of 1 vial of freeze-dried rabies vaccine and 1 vial of sterile diluent. Follow package insert for reconstitution guidelines.
<b>Manufacturer</b>	Novartis Pharmaceuticals Canada Inc.
<b>Administration</b>	Intramuscular (IM) only. The preferred site of administration for infants < 1 year of age and in children with inadequate deltoid muscle mass is the anterolateral thigh (vastus lateralis). The preferred site of administration for children with adequate muscle mass and adults is the deltoid muscle. RabAvert <sup>®</sup> <u>should never be given in the gluteal region</u> as this may result in a decreased immune response. The Rabies vaccine should be given in a site <u>as far away as possible</u> from the Rabies Immune Globulin (if indicated).  <b>Note:</b> Intradermal (ID) injection is not recommended in Nunavut.

<b>Post-exposure Prophylaxis</b>				
<b>Eligibility</b>	Post-exposure prophylaxis is indicated <b><u>only</u></b> under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
<b>Dose Series Post-exposure</b>	<b>Volume (mL)</b>	<b>Schedule (in days)</b>	<b>Rabies Immune Globulin (RabIg)</b>	<b>Serology Testing (Rabies antibodies titer)</b>
Unimmunized Immune competent individuals	1 mL	0, 3, 7, and 14 days	Yes. One dose given on day 0.	Not routinely indicated
Unimmunized Immune compromised individuals or those taking anti-malarial medication	1 mL	0, 3, 7, 14, and 28 days	Yes. One dose given on day 0.	Should be checked 7 to 14 days after completion of series

Dose Series Post-exposure	Volume (mL)	Schedule (in days)	Rabies Immune Globulin (RabIg)	Serology Testing (Rabies antibodies titer)
Previously appropriately immunized Immunocompetent individuals	1 mL	0, 3	Not routinely indicated	Not routinely indicated
Previously appropriately immunized immune compromised individuals	1 mL	0, 3, 7, 14, and 28 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Incompletely or inadequately immunized individuals or if antibody titers are unknown	1 mL	0, 3, 7, and 14 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Special Instructions	<p>The vaccination schedule for post-exposure prophylaxis should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose.</p> <p>If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.</p>			
Booster Dose	<p>Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of &lt; 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.</p>			
Contraindications	<p>RabAvert<sup>®</sup> should not be given if there is a history of allergy to eggs, unless it is needed for post-exposure prophylaxis and the IMOVAX<sup>®</sup> Rabies vaccine is not available. Extreme caution should be used, and the person should be monitored medically for symptoms of anaphylaxis.</p> <p>Post-exposure vaccination <b>should not</b> be postponed in persons with moderate or severe acute illness.</p>			

<b>Pre-exposure Prophylaxis</b>	
Eligibility	<p>For Pre-exposure prevention the rabies vaccine is publically funded to <b>only</b> the following recommended recipients at increased risk in Nunavut:</p> <ul style="list-style-type: none"> <li>• Conservation officers</li> <li>• By law officers</li> <li>• Lay vaccinators</li> <li>• Government of Nunavut Biologists</li> </ul> <p>* Consult with the CMOH for others who are potentially at high risk of contact with rabid animals</p>



<b>Dose Series Pre-exposure</b>	<b>Volume (mL)</b>	<b>Schedule (in days)</b>	<b>Rabies Immune Globulin (Rablg)</b>	<b>Serology Testing (Rabies antibodies titer)</b>
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years <u>only</u> in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	<p>The vaccination should be adhered to as closely as possible and it is essential that all recommended doses of vaccine be administered. If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed respecting the appropriate intervals from the latest dose.</p> <p>If the vaccination schedule has been altered such as there is doubt about an appropriate immune response, post-vaccination serology should be obtained 7 to 14 days after completing the vaccination series.</p> <p>*If possible to avoid exposure, immunization should be deferred in those who are immune compromised.</p>			
Booster Dose	<p>Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of &lt; 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended.</p> <p>Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.</p>			
Contraindications	<p>For pre-exposure immunization with RabAvert<sup>®</sup>, a history of anaphylaxis to the vaccine, or any of the vaccine components including an allergy to eggs (see full list below) is considered a contraindication.</p> <p>Pre-exposure immunization with rabies vaccine should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.</p>			

<b>Vaccine Supply and Distribution</b>	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
<b>Storage</b>	<p>Store in monitored vaccine refrigerator between 2°C and 8°C.</p> <p>DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy</p>
<b>Consent</b>	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
<b>Anaphylaxis</b>	Review the principles of the emergency management of anaphylaxis, as found in:

	<a href="#">Anaphylaxis: Initial Management in Non-Hospital Settings</a> , found in the Canadian Immunization Guide.
<b>Side Effects</b>	<p>Local injection site reactions consisting of pain, tenderness, swelling, erythema and induration at the injection site lasting for 2 to 3 days.</p> <p>Systemic reactions are generally less common and may consist of malaise, myalgia, arthralgia, headache and fever.</p> <p>Lymphadenopathy, nausea and rash have been reported occasionally.</p> <p>Anaphylaxis following immunization has been reported. Temporally associated neurologic events have also been very rarely reported but causal association with vaccination has not been established.</p>
<b>Reportable Adverse Events/Side Effects</b>	<p>Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC.</p> <p>The Nunavut policy is:</p> <ul style="list-style-type: none"> <li>Adverse Events Following Immunization (AEFI) should be used <b>only</b> for the reporting of serious adverse events following immunization. The form is available online at: <a href="#">Adverse Event Following Immunization (AEFI) Form</a></li> <li>The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC.</li> </ul> <p>If there is an AEFI <b>and</b> a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed.</p> <p>All completed forms should be faxed to RCDC at the numbers listed below:  Qikiqtaaluk: 867-975-4833;      Kitikmeot 867-983-4088;      Kivalliq: 867-645-8272</p>
<b>Vaccine Coverage and Reporting</b>	Under development.
<b>Documentation</b>	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
<b>Materials and Resources</b>	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
<b>References</b>	<ol style="list-style-type: none"> <li>RabAvert<sup>®</sup> Product Monograph. Novartis Pharmaceuticals Canada Inc. February 5, 2010.</li> <li>Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: <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></li> </ol>



# Formulaire de consentement - Prophylaxie post-exposition à la rage

**No. Maison/Immeuble :** \_\_\_\_\_  
**No. Boîte postale :** \_\_\_\_\_  
**Information sur le parent/tuteur :** \_\_\_\_\_  
**No. Téléphone** \_\_\_\_\_  
(cell./maison/travail/autre): \_\_\_\_\_  
**No. Téléphone** \_\_\_\_\_  
(cell./maison/travail/autre): \_\_\_\_\_  
**No. Téléphone** \_\_\_\_\_  
(cell./maison/travail/autre): \_\_\_\_\_  
**Travail/école :** \_\_\_\_\_

Veillez compléter OU apposer une étiquette :  
**Nom:** \_\_\_\_\_  
**Prénom:** \_\_\_\_\_  
**Genre (M/F):** \_\_\_\_\_  
**DDN (jj/mm/aaaa):** \_\_\_\_\_  
**No. Fiche:** \_\_\_\_\_  
**No. Prof. Santé:** \_\_\_\_\_  
**Communauté de résidence:** \_\_\_\_\_

**Veillez répondre aux questions suivantes :**

1	Avez-vous des allergies :	<input type="checkbox"/> Oui (lesquelles?) _____	<input type="checkbox"/> Non
2	Avez-vous expérimenté l'une ou l'autre des réactions ou situations suivantes à la suite d'un vaccin? :		
	<input type="checkbox"/> Respiration sifflante ou serremments de poitrine	<input type="checkbox"/> Difficulté à respirer ou à avaler	<input type="checkbox"/> Aucune
	<input type="checkbox"/> Gonflement/enflure de la bouche ou de la gorge	<input type="checkbox"/> Hospitalisation	
	<input type="checkbox"/> Syndrome de Guillain-Barré	<input type="checkbox"/> Autre réaction grave(veuillez préciser) : _____	
3	Présentez-vous des troubles de coagulation ou prenez-vous des anticoagulants?		<input type="checkbox"/> Oui <input type="checkbox"/> Non
4	Présentez-vous un déficit isolé en immunoglobulines A (IgA)?		<input type="checkbox"/> Oui <input type="checkbox"/> Non

## CONSENTEMENT À L'ADMINISTRATION DU VACCIN CONTRE LA RAGE :

J'ai lu ou l'on m'a expliqué la *Feuille de renseignements sur le vaccin contre la rage* et j'ai posé des questions, s'il y a lieu, lesquelles ont été répondues à ma satisfaction. Je comprends les avantages et les risques du vaccin.

Je consens à recevoir \_\_\_ dose(s) du vaccin contre la rage pour :  Moi-même ou  Mon enfant ou  Ma personne à charge/en tutelle

Nom complet en lettres moulées Signature du client ou du parent/tuteur légal (*le cas échéant*)

Date (jj/mm/aaaa)

## CONSENTEMENT À L'ADMINISTRATION DE L'IMMUNOGLOBULINE ANTIRABIQUE:

J'ai lu ou l'on m'a expliqué la *Feuille de renseignements sur l'immunoglobuline antirabique* et j'ai posé des questions, s'il y a lieu, lesquelles ont été répondues à ma satisfaction. Je comprends les avantages et les risques du vaccin.

Je consens à recevoir ce produit pour :  Moi-même ou  Mon enfant ou  Ma personne à charge/en tutelle

Nom complet en lettres moulées

Signature du client ou du parent/tuteur légal (*le cas échéant*)

Date (jj/mm/aaaa)





# Nakimayunik Aktuqtautinani Kappuut Prophylaxis-nik Angirutit

Iglu/Igluqpak #: \_\_\_\_\_  
 Titiqqiqivia #: \_\_\_\_\_  
 Angayuqqaanik/Munaqtiuyunik  
 Iitturidjut: \_\_\_\_\_  
 Hivayaut # (cell/home/work/other): \_\_\_\_\_  
 Hivayaut # (cell/home/work/other): \_\_\_\_\_  
 Hivayaut # (cell/home/work/other): \_\_\_\_\_  
 Work/School: \_\_\_\_\_

Titirarvigilugu Naniitaaqhat/Naunaitkut nipitaaqtut:  
 Kinguliq atiit: \_\_\_\_\_  
 Qablunaatuq atiit : \_\_\_\_\_  
 kituuvit (M/F): \_\_\_\_\_  
 DOB (dd/mm/yyyy): \_\_\_\_\_  
 Chart #: \_\_\_\_\_  
 HCP #: \_\_\_\_\_  
 Nunallaaq nayuqtat: \_\_\_\_\_

## Ukua Kiulugit:

1	Timingnut Aanniaqtaaqiit: <input type="checkbox"/> Hii (titirarlugit) _____	<input type="checkbox"/> Piisak
2	Mihigimavakpigit kitlulluqaak ukunangga nakimayunut kapuqtaugavit : <input type="checkbox"/> aniqhaaktaruvit nivyaqtrut hatqat hukattuni <input type="checkbox"/> ayuqhaqqit aniqhaatariarni ihiyaarni <input type="checkbox"/> Piisak <input type="checkbox"/> puvitpa qaniit iggjallu <input type="checkbox"/> Aanniarvingmiipkatauvit <input type="checkbox"/> Guillain-Barré Syndrome-mik pivit <input type="checkbox"/> aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____	
3	Auliraangavit auguilimaiqpakpit imaluuniit aungmut avukhanik?	<input type="checkbox"/> Hii <input type="checkbox"/> Imannaq
4	Uuminga piqaqit Avaliingaaq immunoglobulin A (IgA) piqalluanngitpiit?	<input type="checkbox"/> Hii <input type="checkbox"/> Imannaq

## NAKIMAYUNUT KAPPUURNIQ ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Kappuutuutit Iitturidjutikhat* apiqhuutitkalu kiuyayut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtungu \_\_\_ kapuffaatautit Nakimayunik Kappuutit:  Uvamnut  Nutaramnut  Pamiqtamnut/Munariyamnut

Titirattiarlugu atiit

Atiliurvia Ikayuqtauyup Angayuqqaap/Munaqtiataluunit

Ublua (dd/mm/yyyy)

## NAKIMAYUNUT IMMUNE GLOBULIN-NIK ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Immune Globulin-kut Iitturidjutikhaq* apiqhuutitkalu kiuyayut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtungu kapiyayaamni umingna :  Uvamnut  Nutaramnut  Pamiqtamnut/Munariyamnut

Titirattiarlugu atiit

Atiliurvia Ikayuqtauyup Angayuqqaap/Munaqtiataluunit

Ublua (dd/mm/yyyy)



# Rabies Post-Exposure Prophylaxis Consent Form

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 Do you have any allergies:  Yes (please list) \_\_\_\_\_  No

2 Have you ever experienced any of the following after a previous vaccine:  
 Wheezing or chest tightness  Difficulty breathing or swallowing  None  
 Swelling of the mouth or throat  Hospitalization  
 Guillain-Barré Syndrome  Other severe reaction(specify): \_\_\_\_\_

3 Do you have bleeding problems or take blood thinners?  Yes  No

4 Do you have isolated immunoglobulin A (IgA) deficiency?  Yes  No

### RABIES VACCINE CONSENT:

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

I consent to receiving \_\_\_ dose(s) of the Rabies 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)

### RABIES IMMUNE GLOBULIN CONSENT:

I have read or had explained to me the *Rabies Immune Globulin Fact Sheet* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving this product for :  Myself or  My Child or  My Dependant/Ward

Print Name

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

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# Fact Sheet

## Rabies Vaccine

### What is rabies?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

### Does the rabies vaccine protect you against rabies? How long does protection last?

Yes. The vaccine will protect you if you get all the recommended injections. These injections are usually given in the arm.

It is expected that the rabies vaccine will protect you for a long period of time. If you are at continued risk of exposure, you will need to have a blood test to measure your level of protection every two years and may require a single booster rabies vaccine. Even when you are fully vaccinated, it is important to see your health care provider immediately if you have had any exposure to a potentially rabid animal.

### Who should get vaccinated against rabies and when should the vaccine be given?

**At risk for exposure:** Conservation officers, By law officers, lay vaccinators, and Government of Nunavut Biologists in Nunavut are at risk of exposure due to their work and should be vaccinated before a possible exposure. Others at high risk of exposure due to the rabies virus may also require non-publically funded pre-exposure vaccination. Consult your health care provider. Pre exposure vaccination should be given

before a person's work puts them at high risk of contact with rabid animals.

**Post exposure:** Any person who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies should be assessed by their health care provider, who may recommend vaccination. For those who have had an exposure to an animal suspected of having rabies, the vaccine series should be started as soon as possible.

### Is the vaccine safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, abdominal pain, fatigue and dizziness. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

### Who should talk with their healthcare provider before getting the rabies vaccine?

Tell your health care provider if you have had any of the following:

- 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.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- A severe reaction after a previous dose of rabies vaccine.

### Rabies Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

# Feuille de renseignements

## Vaccin contre la rage

### Qu'est-ce que la rage ?

La rage est une maladie grave affectant autant les animaux que les humains. Elle est transmise par le contact avec un animal qui a la rage. Cette maladie peut causer de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et la mort. Ces signes peuvent ne pas apparaître pendant deux à huit semaines ou même plus longtemps. Il n'existe aucun traitement pour la rage. La prévention est la seule manière de protéger les humains et les animaux.

### Le vaccin contre la rage vous protège-t-il efficacement contre la rage ? Pendant combien de temps la protection est-elle efficace ?

Oui. Le vaccin vous protégera si vous recevez toutes les injections recommandées. Ces injections sont habituellement administrées dans le bras.

On s'attend à ce que le vaccin contre la rage vous protège pendant une longue période. Si vous êtes régulièrement à risque d'être exposé à la maladie, vous devrez faire analyser votre sang tous les deux ans afin de mesurer votre niveau de protection et pourriez devoir vous faire administrer un rappel de vaccin contre la rage. Même lorsque vous êtes entièrement vacciné, il est important de consulter un professionnel de la santé immédiatement si vous avez été exposé d'une façon quelconque à un animal potentiellement atteint de la rage.

### Qui devrait se faire vacciner contre la rage et quand le vaccin devrait-il être administré ?

**À risque d'exposition :** Les agents de conservation de la faune, les fonctionnaires chargés de l'application de la loi et les agents de vaccination travaillant au Nunavut, de même que les biologistes du gouvernement du Nunavut sont à risque d'exposition en raison de leur travail et devraient être vaccinés avant une exposition éventuelle. D'autres personnes à risque en raison de leur exposition au virus de la rage peuvent également devoir recevoir un

vaccin préventif non payé par les programmes publics. Demandez l'avis d'un professionnel de la santé. La vaccination préventive devrait être administrée avant que le travail d'une personne la place en situation de risque élevé de contact avec des animaux atteints de la rage.

**Post-exposition :** Toute personne qui a été mordue, griffée ou léchée sur une plaie ou une lésion par un animal suspecté d'avoir la rage devrait être évaluée par un professionnel de la santé, lequel pourrait recommander la vaccination. Pour ceux et celles qui ont été exposés à un animal suspecté d'avoir la rage, la série de vaccins devrait être commencée aussitôt que possible.

### Est-ce que le vaccin est sécuritaire ?

Oui. Certaines personnes ressentiront des effets mineurs (légère douleur, enflure et rougeur) pendant quelques jours au point d'injection. Quelques personnes pourraient subir des maux de tête, des douleurs abdominales, de la fatigue et des étourdissements. Rarement, les gens présenteront des symptômes graves tels qu'une réaction de type anaphylactique ou d'autres réactions allergiques.

### Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin contre la rage ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose d'un des ingrédients du vaccin. Les réactions graves incluent une respiration sifflante, des serremments de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin, y compris une allergie aux oeufs.
- Une réaction grave suite à une dose précédente de vaccin contre la rage.

### Soins à apporter après l'administration du vaccin contre la rage

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). En ce qui concerne les enfants, administrez la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.



# Ilitturidjutikhaq

## Nakimayunik Kappuutit

### Hunali Nakimayuq?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

### Nakimayuq kappuutit nakimmaktailiyautauva? Qanuraaluk Nakuuva?

Yes. The vaccine will protect you if you get all the recommended injections. These injections are usually given in the arm.

It is expected that the rabies vaccine will protect you for a long period of time. If you are at continued risk of exposure, you will need to have a blood test to measure your level of protection every two years and may require a single booster rabies vaccine. Even when you are fully vaccinated, it is important to see your health care provider immediately if you have had any exposure to a potentially rabid animal.

### Who should get vaccinated against rabies and when should the vaccine be given?

**At risk for exposure:** Conservation officers, By law officers, lay vaccinators, and Government of Nunavut Biologists in Nunavut are at risk of exposure due to their work and should be vaccinated before a possible exposure. Others at high risk of exposure due to the rabies virus may also require non-publically funded pre-exposure vaccination. Consult your health care provider. Pre exposure vaccination should be given

before a person's work puts them at high risk of contact with rabid animals.

**Post exposure:** Any person who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies should be assessed by their health care provider, who may recommend vaccination. For those who have had an exposure to an animal suspected of having rabies, the vaccine series should be started as soon as possible.

### Is the vaccine safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, abdominal pain, fatigue and dizziness. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

### Who should talk with their healthcare provider before getting the rabies vaccine?

Tell your health care provider if you have had any of the following:

- 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.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- A severe reaction after a previous dose of rabies vaccine.

### Rabies Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.



# Fact Sheet

## Rabies Immune Globulin

### What is rabies?

Rabies is a serious disease for both animals and humans. It is transmitted through exposure to an animal that has rabies. The disease can cause confusion, breathing problems, seizures, brain infections and death. These signs may not show up for two to eight weeks or longer. There is no cure for rabies. Prevention is the only way to protect both humans and animals.

### Who should get Rabies Immune Globulin?

Any person who has not been immunized against rabies who has been bitten, scratched or licked on an open wound or sore by an animal suspected of having rabies may require Rabies Immune Globulin.

### What is Rabies Immune Globulin (Rablg) and how is it given?

Rablg is a medication used to prevent rabies in a case where somebody may have been exposed to the virus. It is made from the plasma (blood) of people who have immunity (protection) against rabies. Part of the Rablg is put into the area around and in the open wound using a needle and the remainder is given into a muscle in the leg and/or arm.

### Does Rabies Immune Globulin protect you against rabies?

Yes, Rabies Immune Globulin, when given with the full series of the Rabies Vaccine, will protect you from getting Rabies.

### Is Rabies Immune Globulin safe?

Yes. Some people have mild pain, swelling, and redness for a few days where the needle was given. A few people may have headaches, muscle ache, and fatigue. Rarely, people will experience severe reactions such as anaphylaxis or other allergic reactions.

Rablg is made from human plasma (blood) and may contain infectious agents that can cause disease. This risk has been reduced by a thorough screening of donors, however there is still a rare possibility for disease transmission.

### Who should talk with their healthcare provider before receiving Rabies Immune Globulin?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of Immune Globulin. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- An allergy to any ingredient in Rablg.
- You have bleeding problems or take blood thinners.
- You have isolated immunoglobulin A (IgA) deficiency.

### What is the risk of not getting Rabies Immune Globulin?

If you are recommended to take the Rabies Immune Globulin but choose not to, you are increasing your risk of becoming sick with rabies which can cause confusion, breathing problems, seizures, brain infections, and will eventually cause death. There is no medical treatment for Rabies once a person is infected.

### Where can I get more information?

For more information about this product, talk to your healthcare provider.



# Ilitturidjutikhaq

## Nakimayunut Immune Globulin-kut

### Hunali Nakimayuq?

Nakimayuq qayangnaqtuq niryutinit inungnullu. Nakimmangnaqtuq nakimayunit niryutinit taamna aanniarut . naluqharnaqahinaqhuni, aniqhaaqtariami ayurnaqhiluni, qiiqilaqinnaqhuni, qariatrlinaqhuni tuqunnaqhunilu. Hapkoa ilitturinnaqhiyunaittut marlungni iinut havailaarnut avatquluguluuniit. Nakuuhinnaittuq nakimaniq. Nakimaktaililuni kihimi inungnit nirutiniluuniit.

### Kina pittaacaqqa Nakimayuq Immune Globulin-mik?

Kinaliqaak kapuqtauhimangittuq nakimaktailitnik kiittiqhimayuq, qittuqtauhimayuq, aluktauhimayuq killiqarumi kilaaqhimagumi nakimmangnahugiyauyunit kapiyauyukhauyuq Nakimayuq Immune Globulin-mik.

### Hunali Nakimayuq Immune Globulin (Rablg) kialu kapuqtuittaacaqqa?

Rablg havautauyuq nakimmatailidjutaayuq kimulliqaaq nakimayunit piyauhimakpat aanniarutiqaqtunit. Havaktauhimayuq aunganit inuup nakimmaktitaulimaitumit. Ilanga Rablg-tip iliyauvaktuq avataigut iluanut killiup kappuunmut ilangattaq nukianut kanaangata taliatalu/luuniit.

### Nakimayuq Immune Globulin nakimmaktailiyautauva?

Hii, Nakimayuq Immune Globulin, piyauyunit tamainik atuqtauqyukhanik Nakimayuq Kapurutainik, nakimaktailiyutauvaktuq.

### Nakimayuq Immune Globulin aannialaqinaitpa?

Hii. Ilangit uluriahukpajut mikiyumik , puvipkaqhutiglu, aupayaalaqiblutiglu qaffini ubluni kapuqhirviagut. Ilangit niaqurliurlutik, nukiilu ulurianarlutik unaguhuglutiglu. Kapuqtauqut qanuriliyuittuugaluit ...yuittutik aannialaqidjutigiuyitugulu.

Rablg havakpagaat inuup aunganit imaalu hunaqarniarunaqtut aanniarutinitaarvinik, kihimi una mikiyuq ihivriuqtauqvangmata aut tuniyauhimayut, kihimitauq aannialaqinaqtaaqut.

### Kia uqaqatigittaaqqagit munaqhit kapuqhiqtinnatik Nakimayuq Immune Globulin-mik?

Unniutidjavat munaqhit ukuninga aanniarutiqaqhimaguvit:

- Aanniarutiningniaqtut timit nakuuginngitainik piyariiqhimayamingnut taaffuminga Immune Globulin. Aniqhaaktaraangat tuhaanaqhiluni, hatqat hukatirluni iggiallu aniqhaaktariami iihiluniluuniit ayurnaqhiluni
- Timimut nakuuginngitainik hunanut iluanitunut talvani Rablg-mi.
- Auglaqitaarvit aturuviluuniit aungnut imaqtirutinik.
- Avaliinaqtut immunoglobulin A (IgA) piqalluanginik.

### Nakimmangnaqtaacaqqa kapuqhinngitkumik Nakimayuq Immune Globulin-mik?

Pitquyauguvit Nakimayuq Immune Globulin-mik kihimi piyumanngitkuvit, aannialaqinginaruqtitit nakimanirmik imaa qauyimairlutit, aniqhaaktariami ayuqharlutit, qiiqinalirlutit, qaritarlirlutit imaalu tuqunnaqtuq, havautaittuq nakimmakuvit.

### Humit ilitturiyuuminialuaqqik?

Ilitturiyuuminialuaqqik haffumuuna havutikkut, auqaqatigilugit munaqhit.



# Feuille de renseignements

## L'immunoglobuline antirabique

### Qu'est-ce que la rage ?

La rage est une maladie grave affectant autant les animaux que les humains. Elle est transmise par le contact avec un animal qui a la rage. Cette maladie peut causer de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et la mort. Ces signes peuvent ne pas apparaître pendant deux à huit semaines ou même plus longtemps. Il n'existe aucun traitement pour la rage. La prévention est la seule manière de protéger les humains et les animaux.

### Qui devrait recevoir l'immunoglobuline antirabique ?

Toute personne qui n'a pas été immunisée contre la rage et qui a été mordue, griffée ou léchée sur une plaie ou une lésion par un animal suspecté d'avoir la rage peut avoir besoin de l'immunoglobuline antirabique.

### Qu'est-ce que l'immunoglobuline antirabique (RIg) et comment est-elle administrée ?

La RIg est un médicament utilisé pour prévenir la rage dans les cas où des personnes auraient été exposées au virus. Ce médicament est produit à partir du plasma (sang) des personnes qui sont immunisées (protégées) contre la rage. Une partie de la RIg est disposée dans la région autour de la plaie puis à l'intérieur de celle-ci à l'aide d'une aiguille et le reste est administré dans un muscle de la jambe et/ou du bras.

### L'immunoglobuline antirabique vous protège-t-elle contre la rage ?

Oui, l'immunoglobuline antirabique, lorsqu'elle est administrée avec la série complète du vaccin contre la rage, vous protégera contre cette maladie.

### L'immunoglobuline antirabique est-elle sécuritaire ?

Oui. Certaines personnes ressentiront des effets mineurs (légère douleur, enflure et rougeur) pendant quelques jours au point d'injection. Quelques personnes subiront des maux de tête, des douleurs musculaires et de la fatigue. Rarement, les gens présenteront des symptômes graves tels qu'une réaction de type anaphylactique ou d'autres réactions allergiques.

La RIg est fabriquée à partir du plasma humain (sang) et peut contenir des agents infectieux pouvant provoquer des maladies. Ce risque a été réduit par un contrôle rigoureux des donneurs, toutefois une faible possibilité de transmission des maladies existe tout de même.

### Qui devrait discuter avec un professionnel de la santé avant de recevoir l'immunoglobuline antirabique ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose d'immunoglobuline. Les réactions graves incluent une respiration sifflante, des serremments de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient compris dans la RIg.
- Vous avez des troubles de coagulation ou vous prenez des anticoagulants.
- Vous présentez un déficit isolé en immunoglobulines A (IgA).

### Quel est le risque lié au fait de ne pas recevoir l'immunoglobuline antirabique ?

Si l'on vous a recommandé de vous faire administrer l'immunoglobuline antirabique, mais que vous choisissez de refuser cette alternative, vous augmentez votre risque de développer la rage, laquelle peut occasionner de la confusion, des problèmes respiratoires, des convulsions, des infections au cerveau et éventuellement la mort. Il n'existe aucun traitement médical pour la rage une fois qu'une personne est infectée.

### Où puis-je obtenir davantage d'information ?

Pour plus d'informations sur ce produit, adressez-vous à un professionnel de la santé.





# Immunization Protocol for **IMOGAM<sup>®</sup>** Rabies

## Rabies Immune Globulin (Rablg)

<b>Purpose</b>	To provide information and guidance for the use of rabies immune globulin (Rablg) in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
<b>Objective</b>	To prevent the infection of rabies in Nunavummiut.
<b>Indication</b>	Rabies Immune Globulin (Rablg) is indicated for individuals requiring post-exposure prophylaxis, as identified through the Rabies Public Health Protocol in the Communicable Disease Manual under the guidance of the Chief Medical Officer of Health (CMOH) for Nunavut.
<b>Eligibility</b>	Rablg is given <b>only</b> as directed by the office of the CMOH in unimmunized or under immunized individuals requiring post-exposure prophylaxis (see Dose Series Post-exposure section of the Rabies Vaccine Protocol).
<b>Product</b>	IMOGAM <sup>®</sup> Rabies
Vaccine Type	Passive Immunizing Agent
Vaccine components	Human proteins containing (IgG-class) human rabies immunoglobulin's with a minimum titre of 150 IU/mL.  Glycine, Sodium chloride, and water for injection.
Formats available	Packaged in 2 mL single use vials with a total value of 300 IU and an average potency value of 150 IU/mL
Manufacturer	Sanofi Pasteur Limited
Administration	If anatomically feasible, as much of the Rablg as possible should be infiltrated into and around the wound.  The remainder should be administered intramuscularly (IM) in the ventrogluteal site (hip) or the anterolateral thigh (vastus lateralis) using a separate syringe and needle. The site should be distant from the site of the Rabies vaccine administration. The dorsogluteal site (buttocks) should not be used, due to risk of injury to the sciatic nerve (see Appendix A).
Dose Series	Given as a single dose of 20 IU/kg (no maximum volume) as soon as possible after exposure.  The first dose of the rabies vaccine should be given at the same time at a separate anatomical site.  Rablg may be administered up to the 7 <sup>th</sup> day after the first dose of the rabies vaccine is given.
Booster Dose	Not applicable
Vaccine interchangeability	Not applicable
Contraindications	No known contraindications.  Rablg should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations.  Rablg should be used with caution in those with bleeding disorders as bleeding complications may be encountered due to intramuscular injection.  Rablg should be given with caution in patients with isolated immunoglobulin A (IgA)



	deficiency, due to the increased risk of anaphylactic reactions to subsequent administration of blood products that contain IgA.
Precautions and Additional Notes	<p>Live vaccines should be deferred for at least 3 months after Rablg, as Rablg may interfere with the immune response. For specific guidelines, discuss with the regional CDC.</p> <p>Rablg is made from human plasma and may contain infectious agents that can cause disease. This risk has been reduced by a thorough screening of donors, however there is still a potential for disease transmission. The risks and benefits of Rablg should be discussed with the patient or their parent/guardian before administration.</p> <p>Under no circumstances should Rablg be administered in the same syringe or at the same site as Rabies Vaccine.</p>
<b>Vaccine Supply and Distribution</b>	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
<b>Storage</b>	<p>Store in monitored vaccine refrigerator between 2°C and 8°C.</p> <p>DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy</p>
<b>Consent</b>	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
<b>Anaphylaxis</b>	Review the principles of the emergency management of anaphylaxis, as found in: <a href="#">Anaphylaxis: Initial Management in Non-Hospital Settings</a> , found in the Canadian Immunization Guide.
<b>Side Effects</b>	<p>Local tenderness, soreness, or stiffness of the muscles may occur at the injection site and may persist for several hours after injection. Urticaria and angioedema may occur. Systemic reactions such as headache and malaise may also occur.</p> <p>Anaphylactic reactions are rare, but have been reported.</p>
<b>Reportable Adverse Events/Side Effects</b>	<p>Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC.</p> <p>The Nunavut policy is:</p> <ul style="list-style-type: none"> <li>Adverse Events Following Immunization (AEFI) should be used <b>only</b> for the reporting of serious adverse events following immunization. The form is available online at: <a href="#">Adverse Event Following Immunization (AEFI) Form</a></li> <li>The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC.</li> </ul> <p>If there is an AEFI <b>and</b> a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed.</p> <p>All completed forms should be faxed to RCDC at the numbers listed below:  Qikiqtaaluk: 867-975-4833;      Kitikmeot: 867-983-4088;      Kivalliq: 867-645-8272</p>
<b>Vaccine Coverage and Reporting</b>	Under development.
<b>Documentation</b>	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
<b>Materials and</b>	Rablg Fact Sheet

<b>Resources</b>	Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual Injection Techniques for Rabies Immune Globulin
<b>References</b>	1. IMOGAM® Rabies Product Monograph. Sanofi Pasteur Limited. October 24, 2005. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: <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>

## Appendix A

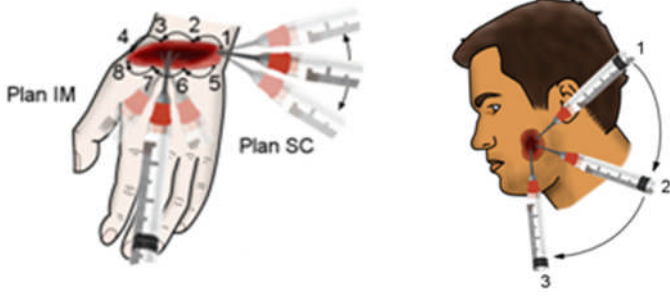
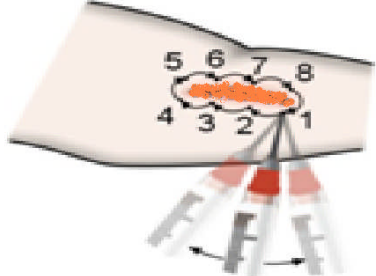


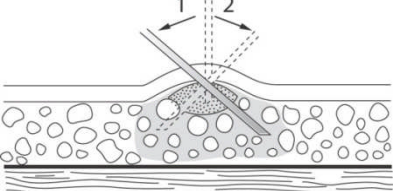
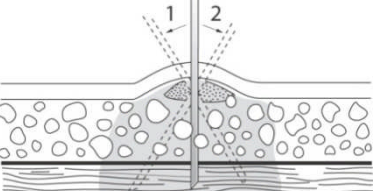
### Injection Technique for Rabies Immune Globulin (Rablg)

Injection Site	Needle	Procedure
<p>In and around a wound caused by a rabid or potentially rabid animal (including the face)</p>	<ul style="list-style-type: none"> <li>• 23–25 gauge</li> <li>• Length of the needle is dependent on the depth of the wound</li> </ul>	<p><b>Before injection:</b></p> <ul style="list-style-type: none"> <li>• Take several minutes to clean the wound with soapy water (4 parts water to 1 part soap), even if the wound occurred several hours before.</li> <li>• Apply a virucidal agent (i.e. povidine-iodine solution, also known as Betadine) as soon as possible after washing.</li> <li>• Prepare the immunizing agent according to the number and size of the wounds.</li> <li>• If needed, dissolve the Rablg in two or three parts 0.9% NaCl, being sure to divide this solution equally among the sites.</li> <li>• Use a new needle and syringe for each new wound site (ex.: face, thigh).</li> <li>• Use non-sterile gloves.</li> </ul>

#### Remember

- The quantity of Rablg to use is proportional to the size and depth of the wounds.
- The rest of the Rablg must be administered intramuscularly in the ventrogluteal or vastus lateralis muscle.
- For open wounds, inserting the needle in subcutaneous tissue is less painful than inserting it through healthy skin.
- If a little blood fills the syringe, reposition the needle and continue. If a lot of blood fills the syringe, discard the materials and start over.
- The first dose of the rabies vaccine must be administered intramuscularly in a different site than where the Rablg will be injected (preferably in the deltoid in individuals > 1 year of age).

Injection in an Open Wound	Injection in a Closed Wound
	
<p>Choose the angle based on the depth of the wound and the tissues affected.</p> <p>Insert the needle <b>in the edges of the wound</b> at a 30° to 90° angle, with the bevel of the needle turned upward.</p>	<p>Choose the angle based on the depth of the wound and the tissues affected.</p> <p>Insert the needle <b>through healthy skin</b> at a 30° to 90° angle, with the bevel of the needle turned upward and <b>pointed toward the wound</b>.</p>

Subcutaneous	Intramuscular
	
<ul style="list-style-type: none"> <li>• Lightly aspirate the needle to be sure it is not inside a blood vessel.</li> <li>• Slowly inject some of the product until the tissue swells slightly or goes pale.</li> <li>• Withdraw the needle a few millimetres. Change the angle of the needle—imagine the needle making the shape of a fan. Then, reinsert the needle into the tissue and continue with the injection.</li> <li>• Remove the needle entirely and reinsert it nearby.</li> <li>• Repeat these steps along the entire edge of the wound.</li> <li>• Cover the wound with a sterile bandage.</li> </ul>	

## References

1. Adapted from Quebec Immunization Manual, by the Government of Quebec, 2013. Adapted with permission.

# **Protocol for Synagis®**

**(Palivizumab)**

- See Protocol distributed December 2020
- This protocol is updated yearly
- Protocol for 2021-2022 will be distributed in the fall of 2021



# Public Health Memo

**To:** Executive Directors, Directors of Health Programs, Directors of Population Health, Supervisors of Health Programs, Regional Communicable Disease Coordinators, Territorial Communicable Disease Specialist(s), Iqaluit Public Health Manager, Nurse Educators, ED Iqaluit Health Services, Medical Quality Programs Administrator

**CC:** DCPHO, CPHO, Territorial Pharmacist, Chief Nursing Officer, Territorial Chief of Staff

**From:** Office of the Chief Public Health Officer, Department of Health

**Date:** December 5 2020

**Re:** **Nunavut 2020 RSV and Palivizumab (Synagis®) Program**

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To Nunavut health care providers and supervisors / managers:

Nunavut's Respiratory Syncytial Virus (RSV) palivizumab (Synagis®) program typically runs from January 1 to May 31. Palivizumab is a monthly injection that provides some protection for RSV-related illness in infants but not for other respiratory diseases.

**\*In the Nunavut Immunization Manual, take out the older version of the protocol in Section 11.0. and replace with the new version. The old version should be discarded. Please also print a copy of this memo and place it in your health center's communication binder.\***

Enclosed is the 2020-2021 Synagis package for your information. Please note:

- The Synagis protocol outlines eligibility criteria for this program based on available evidence and best practice guidelines. For individuals where it is not clear if they meet the criteria, please complete the form in its entirety, enclose a support letter from the health care provider and relevant clinical information; these are considered on a case-by-case basis.
- The Synagis Registration form should be completed as soon as possible for eligible candidates. Early completion and submission to the Office of the CPHO for approval, in advance of January 2020, ensures that each individual can receive the injections on time.

- Eligible infants should be given their first dose as early in January as possible, as Synagis (Palivizumab) provides passive immunity and only lasts for approximately a month. Late or missed doses will not work as well.
- Please continue registering eligible infants and children throughout the RSV season.
- Reporting guidelines (in Appendix C) have remained the same this year.

The Nunavut Immunization Manual is available online at:

<https://www.gov.nu.ca/health/information/manuals-guidelines>

The Nunavut Communicable Disease manual has a protocol on Respiratory Syncytial Virus (RSV) with context and clinical guidance; there are minor changes to the protocol this year. It is available here:

<https://www.gov.nu.ca/health/information/manuals-guidelines>

**Please ensure this message is shared with all Community Health Nurses, Public Health Nurses, Nurse Practitioners, and Physicians in the Territory.**

If you require further information, please contact your RCDC.

<b>Regional Communicable Disease Coordinator (RCDC) contact information</b>		
<b>Kitikmeot Region:</b>	<b>Kivalliq Region:</b>	<b>Qikiqtaaluk Region:</b>
Frances Digout Email: <a href="mailto:FDigout@gov.nu.ca">FDigout@gov.nu.ca</a> Phone: 867-983-4508 Fax: 867-983-4088	Email: <a href="mailto:Kivalliq_RCDC@gov.nu.ca">Kivalliq_RCDC@gov.nu.ca</a> Phone: 867-645-2171 ext 1503 Fax: 867-645-2409	Email: <a href="mailto:Qikiqtaaluk_RCDC@GOV.NU.CA">Qikiqtaaluk_RCDC@GOV.NU.CA</a> Phone: 867-975-4811 Fax: 867-975-4833

Thank you for your work in preventing illness during the respiratory illness season this year.

Sincerely,



**Dr. Jasmine Pawa**

Deputy Chief Public Health Officer (Locum)

Department of Health,  
Government of Nunavut  
Iqaluit, NU, X0A 0H0

# Protocol for Synagis®

## (Palivizumab)

<b>Purpose</b>	To provide information and guidance for the Synagis® Program in Nunavut
<b>Objective</b>	Reduce Respiratory Syncytial Virus (RSV) related morbidity and mortality
<b>Indication</b>	Infants at high risk for serious morbidity and mortality secondary to RSV infection
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>➤ Premature infants born at ≤ 35 weeks and 6 days gestation AND ≤ 6 months of age; (born July 1 or later) at the start or during the RSV season. <ul style="list-style-type: none"> <li>• Nunavut RSV season is January 1 to May 31</li> </ul> </li> <li>➤ Children &lt; 12 months of age at the beginning of the RSV season with: <ul style="list-style-type: none"> <li>• Chronic lung disease of prematurity (CLD, is defined as a need for oxygen at 36 weeks GA) currently requiring ongoing supplemental oxygen and/or medical therapy such as diuretics, bronchodilators, or steroids;</li> <li>• Hemodynamically significant congenital heart disease requiring supplemental oxygen and/or ongoing medical therapy such as diuretics, bronchodilators, or steroids</li> </ul> </li> <li>➤ Children &lt; 24 months of age at the beginning of the RSV season with: <ul style="list-style-type: none"> <li>• Bronchopulmonary dysplasia/chronic lung disease of prematurity requiring ongoing supplemental oxygen <u>or</u> who were weaned off supplemental oxygen in the past three months</li> </ul> </li> <li>➤ Prophylaxis may be considered for children &lt; 24 months with immunodeficiencies, Down syndrome, cystic fibrosis, upper airway obstruction, or chronic pulmonary disease other than CLD <b>only if</b> they are on home oxygen, have prolonged hospitalization for severe pulmonary disease, or are severely immunocompromised</li> </ul>
<b>Product</b>	
Vaccine Type	Synagis® is a humanized monoclonal antibody, given by injection every 4 weeks, that provides passive immunity
Vaccine components	Clinically relevant non-medicinal ingredients: chloride, glycine and histidine
Formats available	Synagis® is supplied in 50 mg/0.5mL and 100 mg/1 mL vials of solution for injection.
Manufacturer	Boehringer Ingelheim (BI) Pharma KG and distributed by Abbvie Laboratories, Ltd.
Administration	Intramuscular (IM) injection (typically in the anterolateral thigh).
Dose Series	<p><b>Note: The Nunavut RSV season is January 1 to May 31</b></p> <p><b>Dose:</b> Administer 15 mg/kg, rounding off to the nearest mg. Administer dose q 4 weeks. Max dose 1mL; doses &gt;1 mL should be divided.</p> <p>Administer first dose as early in January as possible. For children born after January 1, their first dose should be given as soon as possible after birth.</p> <p>Give every 4 weeks during anticipated periods of community RSV risk to a <b>maximum of 5 doses</b>, unless specified by the Office of the Chief Public Health Officer (OCPHO). If a dose is delayed, give dose as soon as possible and administer subsequent doses every 4 weeks after this dose.</p>
	Infants starting Synagis® outside of Nunavut will be reviewed on a case by case basis.



	<p><b>NOTE: Synagis provides passive immunity, thus missed doses leave patients unprotected. Ensure that all doses are administered on time for maximum protection.</b></p>
Booster Dose	N/A
Vaccine interchangeability	N/A
Contraindications	Do NOT administer if there is a known hypersensitivity to any component of Synagis® or to other humanized monoclonal antibodies.
Precautions and Additional Notes	<ul style="list-style-type: none"> <li>• Typically, for minor illnesses, proceed to administer if client meets the eligibility criteria.</li> <li>• Defer drug administration with moderate to severe illness, with or without fever</li> <li>• Palivizumab should be discontinued for children with lab-confirmed breakthrough RSV infection</li> <li>• Synagis® does not interfere with the immune response to vaccines and can be administered at the same time in a separate site; routine childhood immunization schedule can be maintained</li> <li>• Synagis® does not interfere with the immune response to TSTs and/or BCG, and can be administered at the same time in a separate site</li> </ul>
<b>Special Instructions</b>	<p><b>Process*</b></p> <p><b>Registration for Synagis® Program:</b></p> <ul style="list-style-type: none"> <li>• Practitioners (in and out of territory) identify Synagis® program candidates throughout the year based on eligibility criteria</li> <li>• Complete Annual Synagis® Registration Form (Appendix A)</li> <li>• Send registration form to the OCPHO throughout the year for approval via email or fax <ul style="list-style-type: none"> <li>○ Approvals may be done in collaboration with a pediatrician as required</li> </ul> </li> <li>• OCPHO will fax approved registrations to respective RCDC</li> </ul> <p><b>Ordering and Administering Synagis®:</b></p> <ul style="list-style-type: none"> <li>○ Community Health Centre/Public Health must obtain informed consent (Appendix B) and weight before administering Synagis®</li> <li>○ Ensure sufficient stock is available in-clinic for the Synagis® program and order more Synagis® from the regional pharmacy as needed</li> <li>○ Administer Synagis®</li> </ul>

	<p><b>Administration Instructions</b></p> <p><b>Synagis® Solution for injection:</b> Both the 0.5 mL and 1 mL vials contain overfill to allow the withdrawal of 50 mg or 100 mg</p> <p style="text-align: center;"><b><u>DO NOT DILUTE THE PRODUCT</u></b> <b><u>DO NOT SHAKE VIAL</u></b></p> <ul style="list-style-type: none"> <li>• To administer, remove the tab portion of the vial cap and clean the stopper with 70% ethanol or equivalent. Insert the needle into the vial and withdraw an appropriate volume of solution into the syringe</li> <li>• Synagis® does not contain a preservative and should be administered immediately after drawing the dose into the syringe</li> <li>• If you need to re-enter the vial, use a new sterile needle, otherwise discard unused content</li> </ul> <p><b>Synagis® Documentation and Reporting:</b></p> <ul style="list-style-type: none"> <li>• Document Synagis® administration on the chart, electronic health record (EHR) where applicable and the Immunization Record</li> <li>• Complete Synagis® Report Form and fax it to the RCDC</li> <li>• RCDC will review Synagis® Report and file it for next steps</li> <li>• RCDC will fax Synagis® Report Form to OCPHO</li> <li>• OCPHO will assess Synagis® coverage/ adherence at mid-season and end of season</li> </ul> <p><b>Synagis® Documentation and Reporting for Travel:</b></p> <ul style="list-style-type: none"> <li>• Ensure children travelling out of their community (including out of the territory) for healthcare or other reasons are given a copy of their Synagis® Report Form (Appendix C) to take with them</li> <li>• Additional information on out of territory (OOT) registration and reporting procedures for those eligible infants from Nunavut can be found in Appendix D</li> </ul> <p><b>*See Appendix E Synagis® Program Flow Chart</b></p>
<b>Vaccine Supply and Distribution</b>	Pharmacy will send enough stock to each community prior to the start of the program to ensure all of those who registered will be covered. Thereafter, stock doses can be ordered as needed on the regular community pharmaceutical requisition form- (GN Drug Formulary).
<b>Storage</b>	<ul style="list-style-type: none"> <li>• Store in monitored vaccine refrigerator between 2°C and 8°C</li> <li>• Protect from light</li> <li>• If product arrives frozen or warm, separate the affected product under cold chain conditions, label “Do Not Use” and contact regional pharmacy for further instruction</li> </ul>
<b>Consent</b>	Consent forms must be reviewed and signed by the parent/guardian prior to administration of the first dose of Synagis®
<b>Anaphylaxis</b>	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in <a href="#">Anaphylaxis: Initial Management in Non-Hospital Settings</a> found in the Canadian Immunization Guide.

<b>Side Effects</b>	<ul style="list-style-type: none"> <li>• Very common: fever, rash</li> <li>• Common: redness or swelling at the injection site, pause in breathing or other breathing difficulties, nervousness</li> <li>• Uncommon: cough, runny nose, wheeze, vomiting, diarrhea, pain, viral infections and liver function abnormality</li> <li>• Very rare: severe allergic reactions</li> </ul>
<b>Reportable Adverse Events/Side Effects</b>	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
<b>Vaccine Coverage and Reporting</b>	Adherence is based on returned Synagis® Report Forms
<b>Documentation</b>	Document Synagis® administration on the chart, electronic health record (EHR), where applicable, and on the client's Immunization Record.
<b>Materials and Resources</b>	<ul style="list-style-type: none"> <li>• A Parent's Guide to Prevention of RSV Infection in Babies. Abbvie booklet. (4 languages)</li> <li>• RSV Protocol found in the Nunavut Communicable Disease Manual</li> <li>• Appendix A. Synagis® Registration Form (Reviewed October 2020)</li> <li>• Appendix B. Synagis® Consent Form (Reviewed October 2020)</li> <li>• Appendix C. Synagis® Report Form (Revised October 2020)</li> <li>• Appendix D. Synagis® Procedure for Eligible Out of Territory (OOT) Infants from Nunavut (Revised October 2019)</li> <li>• Appendix E. Synagis® Program Flow Chart (Revised October 2019)</li> </ul>
<b>References</b>	<ol style="list-style-type: none"> <li>1. Preventing hospitalizations for respiratory syncytial virus infection. Infectious Diseases and Immunization Committee, Canadian Pediatric Society. Pediatric Child Health. Updated February, 2018.</li> <li>2. Synagis® Product Monograph. Boehringer Ingelheim (BI) Pharma KG. April, 2018.</li> <li>3. Public Health Agency of Canada (2020). Canadian Immunization Guide – Evergreen Edition. Available 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></li> <li>4. Canada Communicable Disease Report (2003). National Advisory Committee Statement on the Recommended Use of Monoclonal Anti-RSV Antibody (Palivizumab); 29 (ACS-7, 8).</li> </ol>
<b>Prescription for program administration</b>	<p>Administer Synagis® according to the criteria above and in accordance with the Nunavut RSV season.</p> <p>Name of prescriber: Dr. Michael Patterson, Chief Medical Officer of Health. October 2020. This protocol is in effect for all eligible Nunavut children until rescinded or modified.</p> <p>This protocol was reviewed and approved by Dr. Jasmine Pawa on November 2, 2020.</p>

Fill in OR affix addressograph here

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_

Sex:     Male     Female

Date of Birth:    \_\_\_\_ (DD) \_\_\_\_ (MM) \_\_\_\_ (YYYY)

Chart#: \_\_\_\_\_ Health  
 Card #: \_\_\_\_\_

Community of Residence: \_\_\_\_\_

**Annual Synagis® Registration Form**

Submission date:    (DD)    (MM)    (YYYY)

**Eligibility criteria (check all applicable):**

- Premature infants ≤ 35 weeks + 6 days gestation AND ≤ 6 months of age (born July 1 or later) at the start or during the RSV season (season: January 1 to May 31). Gestational age at birth : \_\_\_\_\_
- Children < 12 months of age at the beginning of the RSV season with:
  - Chronic lung disease of prematurity (CLD, is defined as a need for oxygen at 36 weeks) currently requiring ongoing supplemental oxygen and/or medical therapy (diuretics, bronchodilators, steroids).
  - Hemodynamically significant congenital heart disease requiring supplemental oxygen and/or ongoing medical therapy (diuretics, bronchodilators, steroids)
- Children < 24 months of age at the beginning of the RSV season with:
  - Bronchopulmonary dysplasia/chronic lung disease of prematurity requiring ongoing supplemental oxygen or were weaned off supplemental oxygen in the past three months
- Prophylaxis may be considered for children < 24 months with immunodeficiencies, Down syndrome, cystic fibrosis, upper airway obstruction or chronic pulmonary disease other than CLD **only if**, they are on home oxygen, have prolonged hospitalization for severe pulmonary disease or are severely immunocompromised.

*(If infants don't meet any of the above criteria, please include health care provider letter of support for inclusion in the program and relevant clinical documents on the case).*

\_\_\_\_\_

\_\_\_\_\_

Practitioner Name \_\_\_\_\_ Signature \_\_\_\_\_

Contact information \_\_\_\_\_

**CPHO / DCPHO**

Signature: \_\_\_\_\_

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

**Fax to Office of CPHO 1-867-979-3190**



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 Department of Health  
 Munaqhiqiyitkut  
 Ministère de la Santé

## Appendix B

# Synagis® Consent Form

Fill in OR affix addressograph here

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sex:     Male     Female  
 Date of Birth:    \_\_\_(DD)\_\_\_\_\_(MM)\_\_\_\_\_(YYYY)  
 Chart#: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Community of Residence: \_\_\_\_\_

### Review information with parent/guardian

- Synagis® (palivizumab) provides protection against Respiratory Syncytial Virus (RSV), the cause of potentially serious respiratory illnesses
- The protection that each dose of Synagis® provides against RSV **wears off in 3-4 weeks**
- To decrease the chance of your child getting sick from RSV it is **important that they get all Synagis® doses on schedule**
- Be aware your child may not get Synagis® if they have:
  - Known hypersensitivity to Synagis® components or other humanized monoclonal antibodies
  - Moderate to severe illness, with or without fever (call the health center to inform them and schedule next dose for as soon as possible)
- Adverse Events:
  - Commonly: fever, redness or swelling at the injection site
  - Rare: pause in breathing or other breathing difficulties

- I have read the above information or had it read to me and understand it.
- I understand to best protect my child from RSV I must bring them on time for all doses.
- I have asked questions and had them answered to my satisfaction.

**Child's current weight (kg)** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_(DD)\_\_\_\_\_(MM)\_\_\_\_\_(YYYY)



**Fill in OR affix addressograph**

here Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Sex:     Male     Female

Date of Birth:    \_\_\_\_(DD)    \_\_\_\_(MM)    \_\_\_\_(YYYY)

Chart#: \_\_\_\_\_ Health

Card #: \_\_\_\_\_

Community of Residence: \_\_\_\_\_

## Synagis® Report Form

Complete and submit it as soon as a Synagis® dose is given or you become aware child is not in the community of residence for the next dose.

Dose	Community & contact number	Date given (dd/mm/yyyy)	Lot #(s)	Next dose due (dd/mm/yyyy)	Synagis® discontinued (e.g. last dose, moved out of Nunavut, declined consent)
1					Specify:
2					Specify:
3					Specify:
4					Specify:
5					Specify:
6*					Specify:
7*					Specify:

\* Within Nunavut, 5 doses are routinely administered. There may be exceptions in consultation with the RCDC

Notes below : e.g. Baby travels out of the community around the time of next dose.

Date	

If additional notes, please attach progress notes as a continuation to this page

Fax to RCDC  
 Qikiqtaaluk: 867-975-4833  
 Kivalliq: 867-645-2409  
 Kitikmeot: 867-983-4088

## Appendix D

### **Synagis® Procedure for Eligible Out of Territory (OOT) Infants from Nunavut**

1. Fax Annual Synagis® Registration Form (Appendix A) to Office of Chief Medical Officer of Health (OCMOH).
2. OCMOH faxes approved registration to Regional Communicable Disease Coordinator (RCDC).
3. OOT Synagis® Coordinator orders Synagis® from Nunavut Pharmacy 1-867-975-8600 ext. 2306.
4. Once Synagis® is administered, OOT Synagis® Coordinator fills out *Synagis® Report Form* (Appendix C) and faxes to RCDC.
5. If the infant returns to Nunavut, RCDC will fax *Synagis® Report Form* (Appendix C) to home community.

### **Synagis® Procedure for Eligible Infants Transferred to Out of Territory (OOT) Health Facilities**

1. Community Health Center/Public Health advises RCDC using the *Synagis® Report Form* (Appendix C).
2. RCDC advises the OOT Synagis® Coordinator.
3. OOT Synagis® Coordinator orders Synagis® from Nunavut Pharmacy 1-867-975-8600 ext. 2306.
4. Once Synagis® is administered, OOT Synagis® Coordinator fills out *Synagis® Report Form* (Appendix C) and faxes to RCDC.
5. If the infant returns to Nunavut, RCDC will fax *Synagis® Report Form* (Appendix C) to home community.

**Synagis® Contact Information for Nunavut Regional CDC and Out of Territory  
(OOT) Coordinators**

**Qikiqtaaluk Region**

Regional Communicable Disease Coordinator  
Nunavut Department of Health  
Phone (867)975-4811  
Fax (867)975-4833  
Email: qikiqtaaluk\_RCDC@gov.nu.ca

**Kivalliq Region**

Regional Communicable Disease Coordinator  
Nunavut Department of Health  
Phone No: 867-645-2171 ext 1503  
Fax No: 867-645-2409  
Email: kivalliq\_RCDC@gov.nu.ca

**Kitikmeot Region**

Frances Digout  
Regional Communicable Disease Coordinator  
Nunavut Department of Health  
Phone (867)983-4508  
Fax (867)983-4088  
Email: fdigout@gov.nu.ca

**Ottawa**

Michelle Caron-Heroux  
RSV Prophylaxis Program  
Ambulatory Care  
Children's Hospital of Eastern Ontario  
Phone 613- 737-7600 ext 2406  
Pager (613) 593-4249  
Fax 613-738-4329  
Email: rsvclinic@cheo.on.ca

**Winnipeg**

Winnipeg Children's Hospital  
Rose Paulley, BN  
Manitoba RSV Prophylaxis Program  
Phone: 204-787-2535  
Fax: 204-787-2545  
Email: rpaulley@exchange.hsc.mb.ca



## **Edmonton**

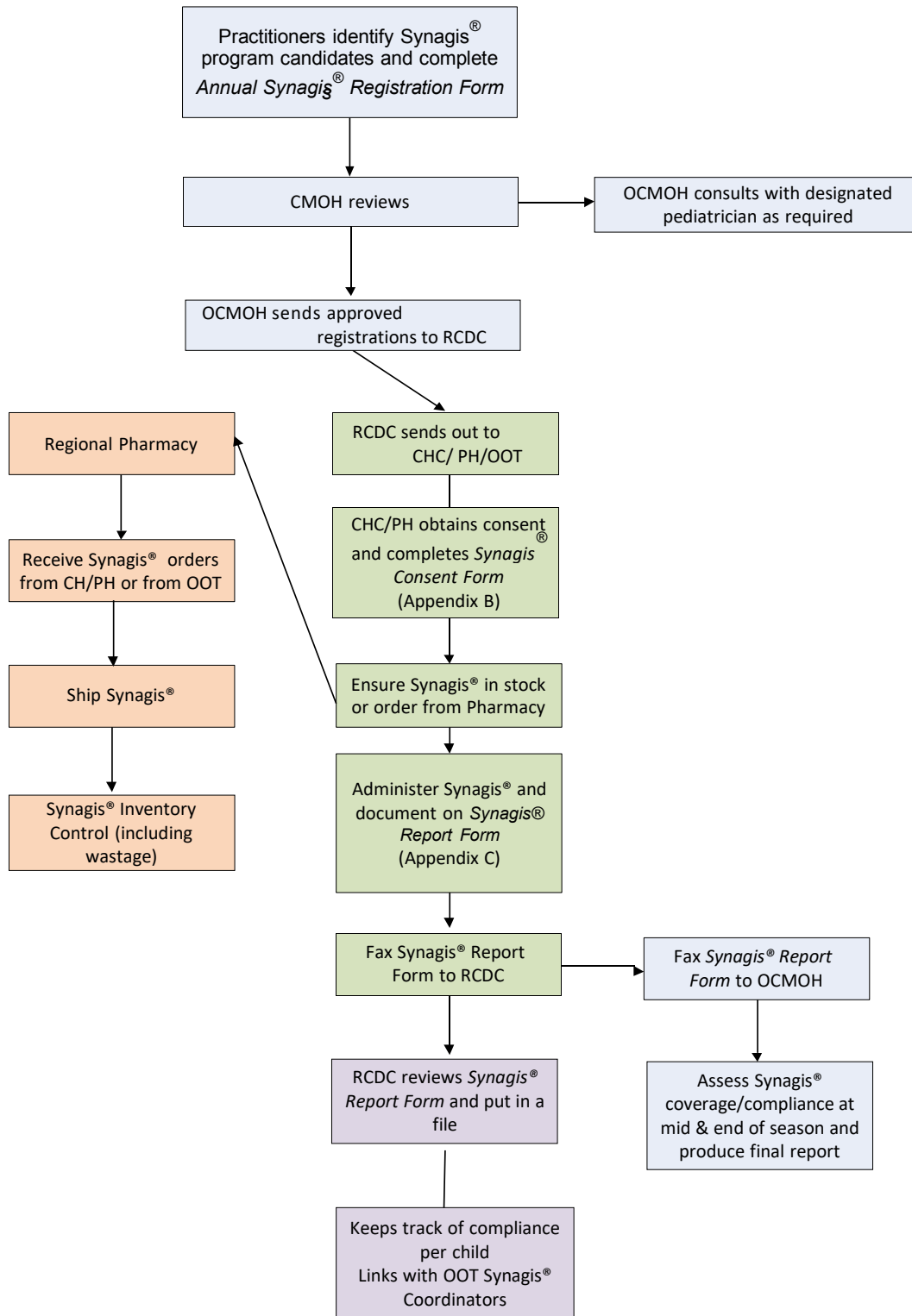
Gail Porter-Lai  
Royal Alexandra Hospital  
Phone 780-735-4205  
Fax 780-735-6919  
Email: Gail.Porter-Lai@albertahealthservices.ca

## **Yellowknife**

Leanne Towgood / Janelle Hurley  
Communicable Disease Control Unit  
Department of Health and Social Services  
Government of the Northwest Territories  
Box 1320, Yellowknife, NT, X1A 2L9 Tel:  
867-767-9066 ext 49279  
Email: Leanne\_Towgood@gov.nt.ca or  
Janelle\_Hurley@gov.nt.ca

Appendix E

Synagis® Program Flow Chart



OCMOH = Office of the Chief Medical Officer of Health  
 CHC/CH = Community Health Center  
 PH= Public Health  
 RCDC= Regional Communicable Disease Coordinator  
 OOT = Out of Territory

# Influenza Immunization Protocol for Fluzone<sup>®</sup> Quadrivalent

<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>Indication</b>	Annual immunization against Influenza caused by the specific strains of the influenza virus contained in the vaccine.
<b>Eligibility</b>	Age 6 months and older
<b>Product</b>	FLUZONE <sup>®</sup> Quadrivalent
<b>Vaccine Type</b>	Quadrivalent Inactivated – split virus (for more information see references)
<b>Vaccine components</b>	Egg protein, Thimerosal, Triton <sup>®</sup> X-100, Formaldehyde, sodium phosphate (buffered), isotonic sodium chloride solution
<b>Formats available</b>	Multidose vials (5mL), 10 x 0.5 mL doses per vial
<b>Manufacturer</b>	Sanofi Pasteur
<b>Administration</b>	<u>Infants &lt;1 year of age:</u> Intramuscular (IM) in the anterolateral thigh (vastus lateralis) <u>Children &gt;1 year with adequate muscle mass and adults:</u> Intramuscular (IM) in the deltoid muscle
<b>Dose Series</b>	1 dose of 0.5 mL given via the Intramuscular (IM) route
<b>Booster Dose</b>	<u>Children 6 months to less than 9 years</u> who have never had influenza vaccine should receive 2 doses of 0.5 mL, given at a minimum of 4 weeks apart.  Note: only one dose of flu vaccine is recommended for children aged 6 months to less than 9 years of age who have received any flu vaccine in past seasons
<b>Vaccine interchangeability</b>	N/A
<b>Contraindications</b>	Age less than 6 months old.  Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components;  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;  Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours prior to influenza vaccine.  Serious acute febrile illness: Persons with serious acute febrile illness usually should not be vaccinated until their symptoms have abated. Those with mild non-serious febrile illness (such as mild upper respiratory tract infections) may be given influenza vaccine.  Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccine.

<b>Precautions and Additional Notes</b>	<p>The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using Quadrivalent Influenza Vaccine (QIV) without a prior influenza vaccine skin test and with the full dose in any setting where vaccines are routinely administered.</p> <p>Vaccine is given annually to anyone age 6 months and older.</p>
	<p>May be given at the same time as other inactivated or live vaccines. <b>NACI has determined that COVID-19 vaccines may be administered concomitantly with, or at any time before or after, non-COVID-19 vaccines, including Quadrivalent Influenza Vaccine (QIV)</b></p> <p>Do not draw up vaccine until ready to administer.</p> <p>NACI states that influenza vaccination is recommended for pregnant women.</p> <p>NACI states that influenza vaccination is considered safe for breastfeeding women.</p> <p>Take the opportunity to simultaneously immunize, unimmunized adults over 50 years old with pneumococcal polysaccharide vaccine (Pneumovax 23).</p>
<b>Vaccine Supply and Distribution</b>	<p>Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Drug Formulary.</p>
<b>Storage</b>	<p>Store in monitored vaccine refrigerator between 2°C and 8°C.</p> <p>Keep in original packaging. Protect from light.</p> <p>DO NOT FREEZE. Freezing destroys the active components of the vaccine. Follow cold chain protocol and inform RCDC and regional pharmacy for guidance if a cold chain break occurs.</p> <p>Vial may be used up to the date of expiry indicated on the vial label. No need to discard the vial after 28 days of opening/puncturing if stored between 2°C and 8°C</p>
<b>Consent</b>	<p>Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.</p>
<b>Anaphylaxis</b>	<p>Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: <a href="#">Anaphylaxis: Initial Management in Non-Hospital Settings</a>, in the Canadian Immunization Guide.</p>
<b>Side Effects</b>	<p>Injection site: pain, tenderness, redness, swelling at injection site.</p> <p>Systemic: fever, fatigue, headache, malaise, and myalgia.</p>
<b>Reportable Adverse Events/Side Effects</b>	<p>Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. <a href="#">Review section 3.5 Management and Reporting of Adverse Events in the Nunavut Immunization Manual.</a></p>
<b>Vaccine Coverage and Reporting</b>	<p>Under development.</p>
<b>Documentation</b>	<p>All immunizations given should be documented on the Fluzone Quadrivalent Consent Form and electronic record (where applicable).</p> <p>For children &lt;9 years of age: the first 2 doses of influenza vaccine should also be documented on the Nunavut Immunization Record.</p>

	Update recipient's Personal Immunization Record as requested.
<b>Materials and Resources</b>	<p>All protocols and materials are available on the Department of Health website (<a href="http://www.gov.nu.ca/health">www.gov.nu.ca/health</a>)</p> <p>Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol</p> <p>Nunavut Immunization Manual</p> <p>Public Service Announcement: Preventing Influenza</p> <p>Fluzone Quadrivalent Fact Sheet</p> <p>Fluzone Quadrivalent Consent Form</p>
<b>References</b>	<ol style="list-style-type: none"> <li>1. FLUZONE® Quadrivalent. Product Monograph. Sanofi Pasteur. April 2020. Available at <a href="http://products.sanofi.ca/en/fluzone-qiv.pdf">http://products.sanofi.ca/en/fluzone-qiv.pdf</a></li> <li>2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available 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></li> <li>3. <a href="https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html">Public Health Agency of Canada (2020). An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI), Canadian Immunization Guide Chapter on Influenza and statement on Seasonal Influenza Vaccine for 2020-2021. https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html</a></li> <li>4. <a href="https://www.canada.ca/en/health-services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html">Summary of National Advisory Committee on Immunization (NACI) statement: Recommendations on the use of COVID-19 vaccines - Canada.ca</a></li> </ol>

# Fact Sheet

## Fluzone<sup>®</sup> Quadrivalent Influenza Vaccine (QIV)

### What is Influenza (flu)?

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.

### Who can receive the vaccine?

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

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.

### What are benefits of the vaccine?

It protects Nunavummiut from getting sick with Influenza.

It protects the community and those most at risk of complications from influenza.

Influenza can lead to hospitalization and even death, especially for those at highest risk.

### Is Fluzone<sup>®</sup> QIV safe?

Yes. The most common side effects are pain and redness at the injection site. Occasionally it can cause fever, tiredness, headache or sore muscles. This is a normal reaction to the vaccine and indicates that your body is making antibodies to the disease. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis*. Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine.** Anaphylaxis can be treated and your healthcare provider is trained to treat it.

### Who should talk with their healthcare provider before getting the vaccine?

Tell your health care provider if you or your child has any of the following:

- Allergy to thimerosal, formaldehyde, Triton<sup>®</sup> X-100 or any ingredient of the vaccine.
- A previous serious reaction to any vaccine.
- Any condition that makes you bleed more.
- Guillain-Barre Syndrome (GBS – a severe paralytic illness) within 6 weeks of a previous flu vaccine.
- A serious illness with fever.

### What is the risk of not getting the Influenza vaccine?

It is estimated that 4000 – 8000 Canadians die each year from Influenza. Many more become sick and need special care in the hospital. Protect yourself, your children and the community from this preventable disease.

### Fluzone<sup>®</sup> Vaccine After Care

- To control fever and relieve soreness or muscle aches, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

# Feuille de renseignements

## Vaccin antigrippal Fluzone® Quadrivalent (VAQ)

### Qu'est-ce que la grippe?

La grippe est une maladie contagieuse causée par le virus de la grippe qui 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.

### Qui peut se faire vacciner?

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

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.

### Quels sont les avantages du vaccin?

Il protège les Nunavummiut contre la grippe.

Il protège la collectivité et les personnes à risque de complications en raison de la grippe.

La grippe peut entraîner l'hospitalisation et même la mort pour les personnes les plus à risque.

### Le vaccin antigrippal Fluzone® Quadrivalent est-il sécuritaire?

Oui. Une certaine douleur et la présence d'une rougeur au site de l'injection sont les effets secondaires les plus fréquents. Certaines personnes peuvent ressentir de la fatigue, des maux de tête ou des douleurs musculaires. Il s'agit d'une réaction normale au vaccin qui indique que votre corps développe des anticorps à la maladie. Beaucoup de gens ne ressentent aucun effet secondaire.

Il est très rare qu'une grave réaction allergique appelée *anaphylaxie* se produise. Voici les principaux symptômes d'anaphylaxie : urticaire, éruption cutanée, enflure de la bouche, difficultés respiratoires. Ce type de réactions se produit habituellement dans les 15 minutes suivant la vaccination. **Il est donc recommandé de rester à la clinique au moins 15 minutes après la vaccination.** L'anaphylaxie se traite et votre professionnel de la santé est formé pour la traiter.

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

Veillez informer votre professionnel de la santé si vous présentez ou votre enfant présente l'une des conditions suivantes :

- Allergie au thimérosal, au formaldéhyde, au Triton® X-100 ou tout ingrédient du vaccin.
- Une réaction sérieuse antérieure à tout vaccin.
- Toute condition qui vous fait saigner davantage.
- Syndrome de Guillain-Barré (SGB – une maladie paralytique grave) dans les six semaines suivant l'administration d'un vaccin antérieur contre la grippe.
- Une maladie grave accompagnée de fièvre.

### Quel est le risque de ne pas recevoir le vaccin antigrippal?

On estime que de 4 000 à 8 000 Canadiens meurent chaque année de la grippe. Plusieurs personnes atteintes ont besoin de soins spéciaux à l'hôpital. Protégez-vous, et protégez vos enfants et la collectivité contre cette maladie évitable.

### Soins parfois requis après le vaccin antigrippal Fluzone® Quadrivalent

- Pour contrôler la fièvre et soulager un endolorissement ou des douleurs musculaires, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Dans le cas des enfants, veuillez donner la quantité recommandée par votre fournisseur de soins de santé ou sur la bouteille.
- Il ne faut **PAS** donner d'aspirine (ASA) à des personnes de moins de vingt ans en raison des risques de syndrome de Reye qui peut causer des lésions permanentes au cerveau et même la mort.
- Si vous éprouvez des effets secondaires graves comme l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, rendez-vous immédiatement à l'urgence ou au centre de santé de votre collectivité.
- Si vous avez des questions ou des préoccupations concernant une réaction au vaccin, veuillez en parler avec votre fournisseur de soins de santé.







# Kanqikhidjut

## Fluzone® Quadrivalent Influenza-mik Kapukhirniq (QIV)

### Hunauyuq Influenza (flu)?

Influenza (flu) hiammittaaqpiaktuq aanniarut aanniarutauvaktuq influenza-mit. Anniarut hiamentiqaatuq talvuuna qallakhungnikkut, takyungnikkut, kakkikkullu qingarnin.

Naunairutiit ilaqaqtun imailigaiguvit, kidjakkuvit, qalakhuruvit, niriunayungnaiqhutik, ullugiahuliklutiklu timingat, igiaqlikhutik, unaguhukhuliklutiklu.

Inuit annialaqivaktun uuminga Tarium Hikutirvia Qiqaiyarluarvia, kihimi flu-paktun Ubluqtuhivia uvanillu Idjirurvia.

### Kitkun pittaqtun kapukhirmirniq?

Inuit kituliqaak inuuhiqaqtun avatquhimayunik 6 tatqihutiqaqtun kapuqhiraqaqtun fluulaitkutikhamik.

Nutaqqat nukakhiit nainik ukiuqaqtun, kapuqhiktut hivulliqpaamik, kapuqhiqtauyukhat malruiqtuqhutik, taima 4nik havainirniq avatqutkaaqlugu, munagiyaayarangat.

### Hunauvat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutigivagait Nunavunmiutat aannialaitkutikhamingnik Influenza-mit

Ikayuutigivagait nunallaamiutat tahapkuallu aanniaqtaqtut ayuqhautikaglutiklu aanniarutimit.

Influenza aanniyuaqnaqtuq ilaani aanniarvingmungaqtitvaktuq ilaillu aanniaqtut tuquvakhutik, tapkunungaluaq aanniaqtaqtunuanut.

### Tamna Fluzone® QIV qayangnaitkaluaqqa?

Hii. Naunaitqiaq ayurnautikhangit imaatun itun uluriahungniq aupadjaligluni kapurhiviani. Ilani kidjarnaqtuq, unnaguhulikhunillu, nuaquqlikhuni, aannirnalaiqlunillu. Una naunaitkutariवलुगुतुकु तिमि ikayuutikhaliuliktumik

(antibodies) ukununga aanniarutinit. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinit, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaqtun atiqaqtumik *anaphylaxis-mik*. Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. Munarhiqarvikmiittugauyutit 15 minutes-ni kapukhiruvit humiklikaak. Anaphylaxis munariyauttaqtuq munaqhiqiyatit ayuiqhaqhimayullu ikayuriamingni.

### Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik? Uqaqtuyakhaat munakhit nutaqqaat hapkuninga pihimakpat:

- Timimut nakuunngirutiqaqtun havautinit thimerosal-nik, formaldehyde-nik, Triton® X-100-nik taimaituqaqqa kapuutingit havautimik.
- Kinguagullu nakuuhirutigikpiakhimayaqaqtuq kapukhirmirmit.
- Hunamitliqaak aunnagyualaqaivautigyatit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaiqata) taima siksini havainirni kapukhirmirmit.
- Aanniarutiqaqqan kidjautiqaqhimayumik.

### Hunauva ayurnautigiyangit kapukhingitkumi fluulaikutikhamik kapuutikhanik?

Nallauttaaqhimayut taimatut 4000 – 8000 Kanatamiutat tuquvaktut ukiuk tamaat Influenza-min. Amigaitqian aannialirangamik aanniarvingmungaqtitavakhutiklu ikayuqtikhaqarimun. Aanniaqtailidjutikharnik ilingnut, nutaqqatillu nunaqatitilu haffumanga aanniarunmit pittailitkhaqatut.

### Fluzone® Kapuqhirmiq Munaridjutikhaq

- Kidjagyuarnaittumik uluriahukpiaknaittumiklu, ukununga havautituktaqtutit niaquqhiutit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit.
- Aspirin (ASA) **tuniyakhaungittuq** inungnut kimutliqaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutiniknarungnaqhingmata uuminga Reye Syndrome, taima qillaminuaq hunngiutiniaqtun qaritarmun tuqulutikluuniit.
- Ayuqhautiqaruvit aanniarutinit ukunatut puvitpata qanniq/umilruk, uvinigiruvit qiqilirlutitluuniit munaqhiliaktukhauyutit aanniarvingmulluuniit qilamiuglutik. Apiqhutikhaqaruvit, ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut, uqagvigilugu munaqhit.





## Seasonal Influenza Vaccine Consent Form (FLUZONE® Quadrivalent (QIV) for IM injection)

For the person receiving the vaccine, please answer:

1	Are you sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you ever experienced any of the following after an influenza vaccine (please ✓ all that apply):	None <input type="checkbox"/>	
	Wheezing or chest tightness <input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty breathing or swallowing <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Swelling of the mouth or throat <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Guillain-Barré Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	Other severe reaction <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(specify): _____		
3	Do you have bleeding problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you take blood thinners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you allergic to (please ✓ all that apply) :		
	Thimerosal <input type="checkbox"/> Yes <input type="checkbox"/> No	Formaldehyde <input type="checkbox"/> Yes <input type="checkbox"/> No	Triton® X100 <input type="checkbox"/> Yes <input type="checkbox"/> No

**If you ✓ Yes to any above, please discuss with nurse.**

**CONSENT FOR FLUZONE® Quadrivalent:**

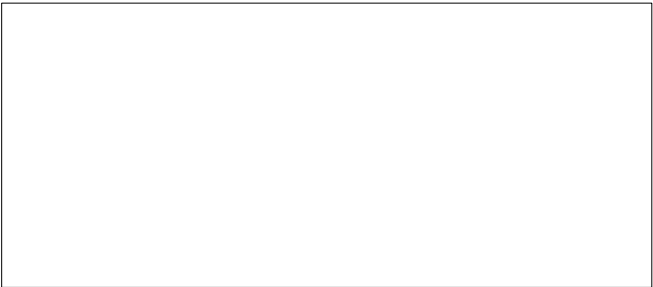
I have read or had the *FLUZONE® Quadrivalent Fact Sheet* explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUZONE® Quadrivalent being given to:  My Child,  My Ward or  Myself

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

Children greater than 6 months and less than 9 years old, who have never been immunized against influenza, require 2 doses, 4 weeks apart. Otherwise only one dose is required.

Ages > 6 months							
Dose	Date	Time	Dose	Route	Vaccine	Lot Number	Signature & Designation
1	____/____/____ <small>dd mm yyyy</small>		0.5 mL	IM	<b>FLUZONE® QIV</b>		
2	____/____/____ <small>dd mm yyyy</small>		0.5mL	IM	<b>FLUZONE® QIV</b>		



## Formulaire d'autorisation pour l'administration du vaccin contre la grippe saisonnière (Quadrivalent FLUZONE® (QIV) pour injection IM)

S'adresse à la personne recevant le vaccin, veuillez répondre aux questions suivantes :

1	Are you sick today?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
	Avez-vous déjà ressenti les effets suivants à la suite de l'administration d'un vaccin contre la grippe ? (veuillez ✓ toute case pertinente) :	
	Aucun	<input type="checkbox"/>
2	Respiration sifflante ou serrement de poitrine <input type="checkbox"/> Oui <input type="checkbox"/> Non Enflure de la bouche ou de la gorge <input type="checkbox"/> Oui <input type="checkbox"/> Non Syndrome de Guillain-Barré <input type="checkbox"/> Oui <input type="checkbox"/> Non	Difficulté à respirer ou à avaler <input type="checkbox"/> Oui <input type="checkbox"/> Non Hospitalisation <input type="checkbox"/> Oui <input type="checkbox"/> Non Autre réaction sévère <input type="checkbox"/> Oui <input type="checkbox"/> Non (veuillez préciser): _____
3	Souffrez-vous de saignements ? Prenez-vous des médicaments pour éclaircir le sang ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non
4	Êtes-vous allergique à ? (veuillez ✓ toute case pertinente) :	
	Thimérosal <input type="checkbox"/> Oui <input type="checkbox"/> Non	Formaldéhyde <input type="checkbox"/> Oui <input type="checkbox"/> Non
		Triton® X100 <input type="checkbox"/> Oui <input type="checkbox"/> Non

### CONSENTEMENT POUR LE quadrivalent FLUZONE®:

J'ai lu ou quelqu'un m'a expliqué le contenu de la fiche d'information du quadrivalent FLUMIST®. J'ai eu l'occasion de poser des questions et les réponses se sont avérées satisfaisantes. Je comprends les avantages et les risques du vaccin. Je consens à ce que le quadrivalent FLUZONE® soit administré à :

mon enfant,  la personne sous ma tutelle ou  moi-même.

**Si vous avez ✓ Oui à l'une ou l'autre des cases ci-devant, veuillez discuter avec l'infirmier/ère.**

Nom en lettres moulées

Signature du client, du parent ou tuteur

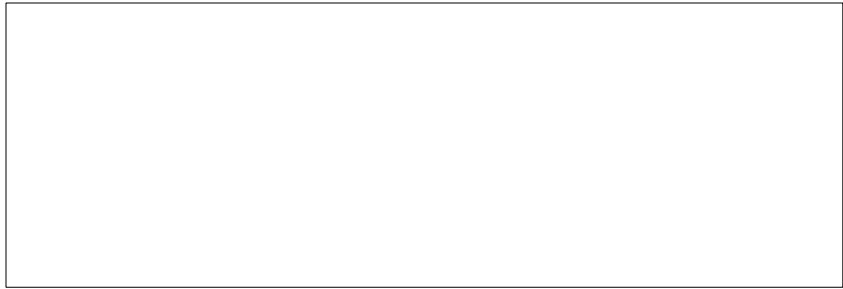
Date (jj/mm/aaaa)

Les enfants âgés entre 2 ans et de moins de 9 ans qui n'ont jamais été immunisés contre la grippe saisonnière doivent recevoir 2 doses à 4 semaines d'intervalles. Sinon, une seule dose est requise.

#### Âge > 6 mois

Dose	Date	Heure	Dose	Route	Vaccin	N° de lot	Signature & désignation
1	____/____/____ jj mm aaaa		0.5 ml	IM	<b>FLUZONE® QIV</b>		
2	____/____/____ jj mm aaaa		0.5ml	IM	<b>FLUZONE® QIV</b>		





## Hilaa Allanguqtiligaangat Kapuqhigiangat Angirutikhaq Titiraq (FLUZONE® Quadrivalent-mik (QIV) talvuuna IM-mik kapukhigiangat)

Tapkununga inungnun kapuqhiqnahuaqtun, kiulugit ukuat:

1	Anniaqtutin ublumi?	<input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
2	Imailivakpin inuhirni kapuqhiguigaangavit (naunaitkuhiqlugit ✓ kitut aulayut ilingnun):	Piqangitug <input type="checkbox"/>
	Aniqnit tuhaanaqtuq qatigat hukatiqtuq <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Ayuqhaliqhunik aniqhaangiingat iihigiyaangatluuniit <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
	Puvipkakhuni Qanit igiatluuniit <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Aanniarvingmiitpakpin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
	Guillain-Barré Aanniarutiqaqqin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Allamik ayungnautiqaqpakpin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq (naunaiqlugit): _____
3	Auligaangavit ayungnautiqaqqin? Aukkut havautikharnik atuinaqtutin?	<input type="checkbox"/> Hii <input type="checkbox"/> Imanaq <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
4	Inuuhit ayungnautiqaqtuq ukuninga (naunaitkuhiqlugit ✓ kitut aulayut ilingnun):	
	Thimerosalnik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Formaldehydenik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
		Triton® X100nik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq

**Naunaiquvit ukuninga ✓ Hii-mik titiraqhimayut qullani, munarhit uqaqqatigilugit.**

**ANGIRUTIKHAQ FLUZONE® Quadrivalent-mik:**

Taiquqtuga piqaqpaqtungaluuniit FLUZONE® Quadrivalentmik Kangiqhidjutikhangit ilitugipkakhimayuq uvamnun. Apiquhuiyaktunga taima apigiyatka kiutauvaktun ihuagiyamingnik. Ilihimayatka pidjutikhat ayungnautitlu kapukhiqnikkut. Angirutigiyaga FLUZONE® Quadrivalentmik tuniyaanga:  Nuttaramnun,  Havagvimnn unaluuniit  Uvamnun

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Titirattiaqlugu Atin    Atiqtuivikhangit Kapuqhiqnahuaqtuq    Angayuqaqluuniit/Munaqtiyuququuniit    Ubluq (dd/mm/yyyy)

Nuttaqqat ukiuqaqtun 2nik ukiuqangitunikluuniit 9nik, kapuqhiqkhihimayut talvanga kapuutmik, kapukhiqtayuukhat, 4 havainimik qangiutugumik. Taimaittiaq atauhiinaqmik namaktugaluq.

Ukiuqaqtun > 6sinik tatqikhiutiqaqtun							
Kapuhiqtuq	Ubluq	Ikaakniq	Kapuhiqtuq	Taimaitumik	Kapuutikhaq	Nayuvia Nampa	Atiqtuivikhaq Kinalu Kapuqtuiyuq
1	dd / mm / yyyy		0.5 mL	IM	<b>FLUZONE® QIV</b>		
2	dd / mm / yyyy		0.5mL	IM	<b>FLUZONE® QIV</b>		