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 (RabIg)
    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® Rabies

Purpose	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.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	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.
Product	IMOVAX® 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® Rabies should never be given in the gluteal region as this may result in a decreased immune response. The Rabies vaccine should be given in a site as far away as possible from the Rabies Immune Globulin (if indicated). **Note:** Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated **only** under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
Dose Series Post-exposure	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
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	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. 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.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.			
Contraindications	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. Post-exposure vaccination **should not** be postponed in persons with moderate or severe acute illness.			

Pre-exposure Prophylaxis	
Eligibility	For Pre-exposure prevention the rabies vaccine is publically funded to **only** the following recommended recipients at increased risk in Nunavut**:** • Conservation officers • By law officers • Lay vaccinators • Government of Nunavut Biologists * Consult with the CMOH for others who are potentially at high risk of contact with rabid animals

Dose Series Pre-exposure	Volume (mL)	Schedule (in days)	Rabies Immune Globulin (RabIg)	Serology Testing (Rabies antibodies titer)
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years only 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	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. 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. *If possible to avoid exposure, immunization should be deferred in those who are immune compromised.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended. Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.			
Contraindications	For pre-exposure immunization with IMOVAX® Rabies, a history of anaphylaxis to the vaccine, or any of the vaccine components (see full list below) is considered a contraindication. 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.			

Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. 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
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Once initiated, rabies prophylaxis should not be interrupted or discontinued because of local

	or mild systemic adverse reactions. Usually such reactions can be successfully managed with anti-inflammatory and antipyretic agents. Local reactions include pain, erythema, and swelling or itching at the injection site. Mild systemic reations include headache, nausea, abdominal pain, muscle aches and dizziness. Serious systemic anaphylactic or neuroparalytic reactions following immunization have been reported.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • 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. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. 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
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
References	1. IMOVAX® Rabies Product Monograph. Sanofi Pasteur Limited. November 2, 2005. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for RabAvert®

Rabies

Purpose	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.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	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.
Product	RabAvert® Rabies
Vaccine Type	Inactivated, purified chick embryo cell rabies vaccine (PCECV)
Vaccine components	Freeze-dried vaccine for reconstitution with a diluent / ≥ 2.5 IUs of rabies antigen per 1 mL. Neomycin, Polygeline (gelatin), Human serum albumin, Chlortetracycline, Amphotericin B, Ovalbumin (chick protein)
Formats available	Consists of 1 vial of freeze-dried rabies vaccine and 1 vial of sterile diluent. Follow package insert for reconstitution guidelines.
Manufacturer	Novartis Pharmaceuticals Canada Inc.
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. RabAvert® should never be given in the gluteal region as this may result in a decreased immune response. The Rabies vaccine should be given in a site as far away as possible from the Rabies Immune Globulin (if indicated). **Note:** Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated **only** under the direction of the Chief Medical Officer of Health (CMOH) or delegate.			
Dose Series **Post-exposure**	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
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	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. 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.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/mL. 1 booster dose of 1 mL IM is recommended.			
Contraindications	RabAvert® should not be given if there is a history of allergy to eggs, unless it is needed for post-exposure prophylaxis and the IMOVAX® Rabies vaccine is not available. Extreme caution should be used, and the person should be monitored medically for symptoms of anaphylaxis. Post-exposure vaccination **should not** be postponed in persons with moderate or severe acute illness.			

Pre-exposure Prophylaxis	
Eligibility	For Pre-exposure prevention the rabies vaccine is publically funded to **only** the following recommended recipients at increased risk in Nunavut**:** • Conservation officers • By law officers • Lay vaccinators • Government of Nunavut Biologists * Consult with the CMOH for others who are potentially at high risk of contact with rabid animals

Dose Series **Pre-exposure**	**Volume (mL)**	**Schedule (in days)**	**Rabies Immune Globulin (RabIg)**	**Serology Testing (Rabies antibodies titer)**
Immunization in immune competent individuals	1 mL	0, 7, and any time between 21 to 28 days	No	Should be checked every 2 years only 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	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. 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. *If possible to avoid exposure, immunization should be deferred in those who are immune compromised.			
Booster Dose	Routine booster vaccinations are only indicated in completely immunized individuals with an ongoing high-risk of exposure who have an antibody concentration of < 0.5 IU/ml. 1 booster dose of 1 mL IM is recommended. Immune compromised individuals with ongoing high-risk of exposure should be assessed on an individual basis, in consultation with the regional CDC.			
Contraindications	For pre-exposure immunization with RabAvert®, 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. 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.			

Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. 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
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in:

	Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Local injection site reactions consisting of pain, tenderness, swelling, erythema and induration at the injection site lasting for 2 to 3 days. Systemic reactions are generally less common and may consist of malaise, myalgia, arthralgia, headache and fever. Lymphadenopathy, nausea and rash have been reported occasionally. 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.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • 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. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. 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
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	Rabies Immunization Fact Sheet Rabies Pre-exposure Consent Form Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual
References	1. RabAvert® Product Monograph. Novartis Pharmaceuticals Canada Inc. February 5, 2010. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

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 : _____

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

Veuillez répondre aux questions suivantes :

1 Avez-vous des allergies : ☐ Oui (lesquelles?) _____ ☐ Non

2 Avez-vous expérimenté l'une ou l'autre des réactions ou situations suivantes à la suite d'un vaccin? :
- ☐ Respiration sifflante ou serrements de poitrine
- ☐ Difficulté à respirer ou à avaler
- ☐ Aucune
- ☐ Gonflement/enflure de la bouche ou de la gorge
- ☐ Hospitalisation
- ☐ Syndrome de Guillain-Barré
- ☐ Autre réaction grave(veuillez préciser) : _____

3 Présentez-vous des troubles de coagulation ou prenez-vous des anticoagulants? ☐ Oui ☐ Non

4 Présentez-vous un déficit isolé en immunoglobulines A (IgA)? ☐ Oui ☐ 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)

ᐱᕐᕋᓐᒋᓴᖅᑐᒥᒃ ᐅᐸᒍᑎᓯᒪᔪᖄᓂᒃᑎᓪᓗᒍ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ

ᐃᒡᓗᕕᑦ ᓈᓴᐅᑖ: ____________________

ᑎᑎᖅᑲᒃᑯᕕᒃ: ____________________

ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ ᑐᑭᓯᒋᐊᕈᑖ: ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᒥ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ____________________

ᐃᖅᑲᓇᐃᔭᕐᕕᒃ/ᐃᓕᓐᓂᐊᕐᕕᒃ: ____________________

ᑕᑕᑎᓇᐊᓕᒃ ᐅᕝᕙᓘᓐᓃᑦ ᑐᕌᕈᑎᒃᓴᓕᐅᕐᓗᒍ/ᓂᐱᑎᒐᕐ:
ᐊᑎᕈᓯᖅ: ____________________
ᓯᕗᓪᓕᖅ ᐊᑎᖅ: ____________________
ᑭᓪᓚᖕᒋᖅᐱᑦ (ᐊᕐᓇᖅ/ᐊᖑᑦ): ____________________
ᐃᓅᕝᕕᑦ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ): ____________________
ᑎᑎᖅᑲᕐᑯᑎᕕᑦ ᓈᓴᐅᑖ: ____________________
ᐋᓂᐊᕐᕕᓕᐊᕈᓐᓇᐅᑎᑦ: ____________________
ᓄᓇᕐᑲᕕᑦ: ____________________

ᐅᑯᐊ ᑭᐅᓗᒋᑦ:

1 ᖃᓄᑐᐃᓐᓇᖅ ᑎᒥᒃᑯᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᖅᐱᑦ: ☐ ᐄ (ᑎᑎᕐᓗᒋᑦ) ____________________ ☐ ᐋᒃᑲ

2 ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ ᑭᖑᓂᐊᒍᑦ ᒪᑯᓂᖓ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᖃᑦᑕᖅᓯᒪᓂᒍᕕᑦ:

- ☐ ᐊᓂᖅᑎᓇᓪᓗᑎᑦ ᐳᕙᖅᐸᓗᒃᑐᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖁᖅᑲᖅᑐᑎᑦ
- ☐ ᖃᓂᒃᑯᑦ ᐃᒋᐊᒃᑯᓪᓗᓐᓃᑦ ᐳᕕᓕᖅᑐᑎᑦ
- ☐ Guillain-Barré Syndrome-ᖃᓕᕐᑐᑎᑦ
- ☐ ᐃᔾᔪᖑᓕᖅᑕᖅᑐᑎᑦ ᐲᓯᒡᓚᓕᕐᑐᑎᓪᓗᓐᓃᑦ
- ☐ ᐋᓂᐊᕕᖕᒥ ᐅᓂᒃᓯᒪᔭᓇᐊᖅᑲᓕᕐᑐᑎᑦ
- ☐ ᐊᓯᖏᑦ ᑎᒥᒃᑯᑦ ᓈᒻᒪᖏᓕᐅᕈᑎᖃᖅᐸ(ᓇᓗᓇᐃᕐᓗᒋᑦ): ____________________
- ☐ ᓇᓕᐊᖑᖏᑦᑐᖅ

3 ᐊᐅᓈᖅᓯᖅᑲᑦᑕᖅᓯᒪᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᐅᑦ ᑭᓂᓗᐊᕈᓐᓃᖅᑎᑕᐅᔭᓇᐊᖅᑲᖅᑲᑦᑕᖅᓯᒪᕙ? ☐ ᐄ ☐ ᐋᒃᑲ

4 ᐃᑖᒃᑯᖅᑐᒥᒃ ᐊᐅᓕᖅᓯᖅᑕᐅᔭᓇᐊᖅᑲᓲᖑᕕᑦ ᑕᐃᒎᓯᓕᖕᒥᒃ A-ᒥ (IgA)? ☐ ᐄ ☐ ᐋᒃᑲ

ᐱᕐᕋᓐᒋᓴᖅᓇᖏᑦᑐᒥᒃ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ:

ᐅᖃᓕᒫᖅᓯᒪᔪᖓ ᐅᖃᐅᓯᐅᓯᒪᔪᖓᓗᓐᓃᑦ *ᐱᕐᕋᓐᒋᓴᖅᓇᖏᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ* ᒥᒃᓵᓄᑦ ᐊᐱᖅᓱᖅᓯᒪᓪᓗᖓᓗ ᑭᐅᔭᐅᑎᐊᖃᑦᑕᓚᐅᖅᖢᖓᓗ. ᑐᑭᓯᐅᒪᓕᖅᑐᖓ ᐃᑲᔫᑎᒃᓴᖏᓐᓂᒃ ᐊᒻᒪ ᐊᑦᑕᕐᓇᓕᕈᓐᓇᖅᑐᓂᒃ ᑲᐳᑎᐅᑉ ᒥᒃᓵᓄᑦ.

ᐊᖏᕈᑎᖃᖅᐳᖓ ᑲᐱᔭᐅᖁᓪᓗᒋᑦ ___ ᐊᑕᐅᓯᐊᕐᓗᒍ(ᐅᖓᑖᓄᑦ ᓘᓐᓃᑦ) ᐱᕐᕋᓐᒋᓴᖅᑐᓂᒃ: ☐ ᐅᕙᓐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᖃᑐᖓᒪᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᐸᖅᑭᔭᕋ/ᑲᒪᔭᕋ

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓴᖑᐃᐱᓗᖕᒋᓪᓗᒍ   ᐃᑲᔪᖅᑕᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᐊ ᐅᕝᕙᓘᓐᓃᑦ ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ *(ᐋᕈᑎᖅᑲᖅᐸᑦ)*   ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

ᐱᕐᕋᓐᒋᓴᖅᓇᖏᑦᑐᒧᑦ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ:

ᐅᖃᓕᒫᖅᓯᒪᔪᖓ ᐅᖃᐅᓯᐅᓯᒪᔪᖓᓗᓐᓃᑦ *ᐱᕐᕋᓐᒋᓴᖅᓇᖏᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ* ᒥᒃᓵᓄᑦ ᐊᐱᖅᓱᖅᓯᒪᓪᓗᖓᓗ ᑭᐅᔭᐅᑎᐊᖃᑦᑕᓚᐅᖅᖢᖓᓗ. ᑐᑭᓯᐅᒪᓕᖅᑐᖓ ᐃᑲᔫᑎᒃᓴᖏᓐᓂᒃ ᐊᒻᒪ ᐊᑦᑕᕐᓇᓕᕈᓐᓇᖅᑐᓂᒃ ᑲᐳᑎᐅᑉ ᒥᒃᓵᓄᑦ.

ᐊᖏᕈᑎᖃᖅᐳᖓ ᑲᐱᔭᐅᖁᓪᓗᒋᑦ : ☐ ᐅᕙᖓ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᖃᑐᖓᒐ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᐸᖅᑭᔭᕋ/ᑲᒪᔭᕋ

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓴᖑᐃᐱᓗᖕᒋᓪᓗᒍ   ᐃᑲᔪᖅᑕᐅᔫᑉ ᐊᑎᓕᐅᕈᓯᐊ ᐅᕝᕙᓘᓐᓃᑦ ᐊᖓᔪᖅᑳᑉ/ᑲᒪᔨᐅᑉ *(ᐋᕈᑎᖅᑲᖅᐸᑦ)*   ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

Nakimayunik Aktuqtautinani Kappuut Prophylaxis-nik Angirutit

Iglu/Igluqpak #: _____

Titiqqiqivia #: _____

Angayuqqaanik/Munaqtiuyunik Ilitturidjut: _____

Hivayaut # (cell/home/work/other)**:** _____

Hivayaut # (cell/home/work/other)**:** _____

Hivayaut # (cell/home/work/other)**:** _____

Work/School: _____

Titirarvigilugu Naniittaaqhat/Naunaitkut nipittaaqtut:
Kinguliq atiit: _____
Qablunaatuq atiit : _____
kituuvit (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Nunallaaq nayuqtat: _____

Ukua Kiulugit:

1	Timingnut Aanniaqtaaqqiit: ☐ Hii (titirarlugit) _____	☐ Piisak
2	Mihigimavakpigit kitlulliqaak ukunannga nakimayunut kapuqtaugavit : ☐ aniqhaaktaruvit nivyaaqtrut hatqat hukattuni ☐ ayuqhaqqit aniqhaatariarni iihiyaarni ☐ Piisak ☐ puvitpa qaniit iggiallu ☐ Aanniarvingmiipkatauvit ☐ Guillain-Barré Syndrome-mik pivit ☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____	
3	Auliraangavit auguilimaiqpakpit imaluuniit aungmut avukhanik?	☐ Hii ☐ Imannaq
4	Uuminga piqaqit Avaliingaaq immunoglobulin A (IgA) piqalluanngitpiit?	☐ Hii ☐ Imannaq

NAKIMAYUNUT KAPPUURNIQ ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Kappuutuutit Ilitturidjutikhat* apiqhuutitkalu kiuyauyut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtunga ___ 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 Ilitturidjutikhaq* apiqhuutitkalu kiuyauyut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutip.

Angiqtunga kapiyauyaamni uminnga : ☐ 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)* | Date (dd/mm/yyyy)

ᐱᕐᕆᖅᓯᖕᑐᒥᒃ ᐅᐸᒍᑎᔪᖅᑲᓚᐅᖏᑎᓪᓗᒍ ᑲᐱᔭᐅᔾᔪᑎᒧᑦ ᐊᖏᕈᑎ

ᐃᓪᓗᐃᑦ ᐋᕐᕿᒃ: ______________________

ᑎᑎᖅᑲᒃᑯᕕᑦ: ______________________

ᐊᖓᔪᖅᑳᐸ/ᑲᒪᔩᐅᑉ ᑐᑭᓯᒋᐊᕈᑖ: ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᓐᓂ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᓐᓂ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ______________________

ᐅᖃᓘᑖ (ᐃᒃᐱᐊᕐᔪᖕᒥᐅᑕᖅ/ᐅᕙᑦᑎᓐᓂ/ᐃᖅᑲᓇᐃᔭᕐᕕᖕᒥ/ᐊᓯᐊᓂ): ______________________

ᐃᖅᑲᓇᐃᔭᕐᕕᒃ/ᐃᓕᓐᓂᐊᕐᕕᒃ: ______________________

ᑕᑕᑎᓇᐊᓕᒃ <u>ᐅᕝᕙᓘᓐᓂᑦ</u> ᑐᕌᕈᑎᒃᓴᓕᐅᕐᓗᒍ/ᓂᐱᑎᒐᕐᒥ:
ᐊᑎᕈᓯᖅ: ______________________
ᓯᕗᓪᓕᖅ ᐊᑎᖅ: ______________________
ᑭᓱᖕᒪᖕᒫᖅᐱᑦ (ᐊᕐᓇᖅ/ᐊᖑᑦ): ______________________
ᐃᓅᕝᕕᑦ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ): ______________________
ᑎᑎᖅᑲᖁᑎᕕᑦ ᐋᕐᕿᒃ: ______________________
ᐋᓐᓂᐊᕐᕕᓕᐊᕈᓐᓇᐅᑎᑦ: ______________________
ᓄᓇᖅᕚᑦ: ______________________

ᐅᑯᐊ ᑭᐅᓗᒋᑦ:

ᖃᓄᐃᓐᓇᖅ ᑎᒥᒃᑯᑦ ᓈᒻᒪᖏᓚᐅᕈᑎᖃᖅᐱᑦ: ☐ ᐋ (ᑎᑎᕋᕐᓗᒋᑦ) ______________________		☐ ᐋᒃᑲ
ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒋᑦ ᑭᖑᓂᐊᒍᑦ ᒪᑯᓂᖓ ᓈᒻᒪᖏᓚᐅᕈᑎᖃᖃᑦᑕᖅᓯᒪᓂᒃᑯᑦ:		
☐ ᐊᓂᖅᑎᕆᓪᓗᑎᑦ ᐳᕙᖅᐸᓪᓗᑎᑦ ᐅᕝᕙᓘᓐᓂᑦ ᖁᖅᑲᕐᓗᑎᑦ	☐ ᐃᔾᔨᒍᓕᖅᑕᕐᓗᑎᑦ ᐄᓯᒡᓚᕐᓗᑎᓪᓘᓐᓃᑦ	☐ ᐊᑑᑎᖃᖕᖏᑦᑐᖅ
☐ ᖃᓂᒃᑯᑦ ᐃᒡᒋᐊᒃᑯᓪᓘᓐᓃᑦ ᐳᕙᓕᖅᐸᓪᓗᑎᑦ	☐ ᐋᓂᐊᕕᖕᒥ ᐅᓂᒃᓯᒪᔭᕇᖅᑲᓕᕐᓗᑎᑦ	
☐ Guillain-Barré Syndrome-ᖃᓕᕐᓗᑎᑦ	☐ ᐊᓯᖏᑦ ᑎᒥᒃᑯᑦ ᓈᒻᒪᖏᓚᐅᕈᑎᖃᐅᑦ(ᓇᓗᓇᐃᕐᓗᒋᑦ): ______________	

1

ᐱᕐᕆᖅᓯᕐᓇᖅᑐᖅᑲᖕᒋᒃᑲᓗᐊᕐᒪᖔᑦ ᑎᒥᖕᓂ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᓯᒪᕕᑦ? ᐋᒃᑲ ☐ ᐋ ☐ ᖃᓄᐃᓕᖓᓂᖅᐸ ______________________ ᐅᓪᓗᖅ_____/_____/_____

ᐊᖏᕈᑎ:

ᐅᖃᐅᔾᔭᐅᓯᒪᓂᒃᑐᖓ ᐱᕐᕆᖅᓯᕐᓇᖏᑦᑐᒥᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ ᐊᐱᖅᓱᑎᕆᖃᑦᑕᓚᐅᖅᑕᒃᑲᓗ ᑭᐅᔭᐅᑎᐊᖃᑦᑕᓚᐅᖅᖢᑎᒃ.

ᐊᖏᖅᐳᖓ ᑲᐱᔭᐅᔪᒪᓪᓗᖓ ᐱᕐᕆᖅᓯᕐᑐᒥᒃ ᐅᐸᒍᑎᓚᐅᖏᓐᓂᓂᒃ:

ᐊᑏᑦ ᑎᑎᕋᕐᓗᒍ ᓴᖑᐃᐱᓗᖕᒋᓪᓗᒍ ᐃᑲᔪᖅᑕᐅᔫᒃ ᐊᑎᓕᐅᕈᓯᖓ ᐅᓪᓗᖅ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ)

ᑲᐱᔭᐅᔾᔪᓰᑦ ᓇᓕᖅᑲᖏᑦ - ᐊᓪᓚᕝᕕᖕᒥ ᑭᓯᒥ ᐊᑐᖅᑕᐅᔭᕆᐊᓕᒃ							
ᓯᕗᓪᓖᓪ ᐱᕐᕆᖅᓯᖕᑐᒥᒃ ᐱᓕᕆᐊᖑᓚᐅᖅᑎᓪᓗᒋᑦ ᑲᐱᔭᐅᔾᔪᑏᑦ ☐							
ᑲᑉᐹᑦ	ᐅᓪᓗᖅ	ᓇᒧᖓᐅᕐᑎᓪ ᓗᒍ	ᑭᓯᑯᑦᑎᐊᒍᑦ ᑲᐱᔭᐅᖕᒪᖔ ᑦ	ᑲᑉᐹᑦ	ᑲᑉᐹᑎ	ᓇᓕᖅᑲᖓᑕ ᐋᕐᕿᒃ	ᑎᑎᕋᖅᐸᓪᓕᐊᔫᒃ ᐊᑎᓕᐅᕈᓯᐊ
1	______/______/______ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
2	______/______/______ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
3	______/______/______ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			
ᑲᐱᔭᐅᒃᑲᓐᓂᖅᑕᖓ ☐							
	______/______/______ ᐅᓪᓗᖅ ᑕᖅᑭᖅ ᐊᕐᕌᒍ		IM	1.0 mL			

Nakimayunik Aktuqtautinani Kappuut Angirut

Iglu/Igluqpak #: _____
Titiqqiqivia #: _____
Angayuqqaanik/Munaqtiuyunik Ilitturidjut: _____
Hivayaut # (cell/home/work/other)**:** _____
Hivayaut # (cell/home/work/other)**:** _____
Hivayaut # (cell/home/work/other)**:** _____
Work/School: _____

Titirarvigilugu Naniittaaqhat/Naunaitkut nipittaaqtut:
Kinguliq atiit: _____
Qablunaatuq atiit : _____
Sex (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Nunallaaq nayuqtat: _____

Ukua Kiulugit :

Timingnut Aanniaqtaaqqiit: ☐ Hii (titirarlugit) _____ ☐ Piisak

Mihigimavakpigit kitlulliqaak ukunannga nakimayunut kapuqtaugavit :

☐ aniqhaaktaruvit nivyaaqtrut hatqat hukattuni ☐ ayuqhaqqit aniqhaatariarni iihiyaarni ☐ Piisak
☐ puvitpa qaniit iggiallu ☐ Aanniarvingmiipkatauvit
☐ Guillain-Barré Syndrome-mik pivit ☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____

1

Nakinaniqaravit timimut aanniarutauyut naunaiyaqtauvakpat? imannaq ☐ hii ☐ qanuritpa _____
Ubluani _____/_____/_____

ANIRUTIT:

Kangiqhipjkaqtauyunga taapkua *Nakimayunut Kapurniq Ilitturipkaidjutit* kiuyaatka apiqhuutit ihuariyamnik. Kangiqhiyatka ikayuutait qayangnautait kappuutip.

Angiqqunga piyaamni Nakimayunit Aktuqtautinani Kapuqtauyaamni:

Titirattiarlugu atiit | Atiliurvia Ikayuqtauyup | Ublua (dd/mm/yyyy)

Kapuqtauningit Naunaitkutait – Titiqqiqiyit titirarvikhaa							
Hivulliit Nakimayunik Kappuutit ☐							
Havaut	Ubluani	ikaarniq	Hukkut	Havaut	Kappuut	Kituuyut Naahautaa	Atiliuriva & Humut
1	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
2	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
3	_____/_____/_____ dd mm yyyy		IM	1.0 mL			
Tugliit Kappuutit ☐							
	_____/_____/_____ dd mm yyyy		IM	1.0 mL			

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 serrements 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 (RabIg) and how is it given?

RabIg 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 RabIg 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.

RabIg 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 RabIg.
- 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 niryutinut inungnullu. Nakimmangnaqtuq nakimayunit niryutinit.taamna aanniarut . naluqharnaqhinaqhuni, aniqhaaqtariami ayurnaqhiluni, qiiqilaqinnaqhuni, qariatrlirnaqhuni tuqunnaqhunilu. Hapkua ilitturinnaqhiyunaittut marlungni iinut havailaarnut avatquluguluuniit. Nakuuhinnaittuq nakimaniq. Nakimaktaililuni kihimi inungnit nirutiniluuniit.

Kina pittaaqqa Nakimayuq Immune Globulin-mik?

Kinaliqaak kapuqtauhimanngittuq nakimaktailitinik kiittiqhimayuq, qittuqtauhimayuq, aluktauhimayuq killiqarumi kilaaqhimagumi nakimmangnahugiyauyunit kapiyauyukhauyuq Nakimayuq Immune Globulin-mik.

Hunali Nakimayuq Immune Globulin (RabIg) kialu kapuqtuittaaqqa?

RabIg havautauyuq nakimmatailidjutauyuq kimulliqaak nakimayunit piyauhimakpat aaniarutiqaqtunit. Havaktauhimayuq aunganit inuup nakimmaktitaulimaitumit. Ilanga RabIg-tip iliyauvaktuq avataigut iluanut killiup kappuunmut ilangattauq nukianut kanaangata taliatalu/luuniit.

Nakimayuq Immune Globulin nakimmaktailiyautauva?

Hii, Nakimayuq Immune Globulin, piyaugumi tamainik atuqtauyukhanik Nakimayuq Kapurutainik, nakimaktailiyutauvaktuq.

Nakimayuq Immune Globulin aannialaqinaitpa?

Hii. Ilangit uluriahukpajtut mikiyumik , puvipkaqhutiglu, aupayaalaqiblutiglu qaffini ubluni kapuqhirviagut. Ilangit niaqurliurlutik, nukiilu ulurianarlutik unaguhuglutiglu. Kapuqtauyut qanuriliyuittuugaluit ….yuittutik aannialaqidjutigiyuitugulu.

RabIg havakpagaat inuup aunganit imaalu hunaqarniarunaqtut aanniarutinitaarvinik, kihimi una mikiyuq ihivriuqtauvangmata aut tuniyauhimayut, kihimitauq aannialaqinaqtaaqtut.

Kia uqaqatigittaaqqagit munaqhit kapuqhiqtinnatik Nakimayuq Immune Globulin-mik?

Unniutidjavat munaqhit ukuninnga aanniarutiqahimaguvit:

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

Nakimmangnaqtaaqqa kapuqhinngitkumik Nakimayuq Immune Globulin-mik?

Pitquyauguvit Nakimayuq Immune Globulin-mik kihimi piyumanngitkuvit, aannialaqinginarnaiqtutit nakimanirmik imaa qauyimairlutit, aniqhaaktariarni ayuqharlutit, qiiqinalirlutit, qaritarlirlutit imaalu tuqunnaqtuq, havautaittuq nakimmakkuvit.

Humit ilitturiyuuminiaraluaqqik?

Ilitturiyuumirumaguvit 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 serrements 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.

ᐊᑐᖅᑕᐅᓯᒪᔪᑦ

ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᓂᒃ ᑲᐱᔭᐅᖃᑦᑕᖅᓯᒪᔪᑦ

ᐱᕐᕆᖕᒋᓭᓇᖅ ᑭᓱᖕᒪᑦ?

ᐱᕐᕆᖕᒋᓭᓇᖅ ᐱᕙᐊᒻᒪᕆᐊᓘᓪᓗᓂ ᐋᓐᓂᐊᖑᔭᖅ ᑕᒪᐃᓐᓄᑦ ᓂᕙᑎᓄᑦ ᐊᒻᒪ ᐃᓄᖕᓄᑦ. ᐱᕐᕆᖕᒋᓭᖅᑐᒥᒃ ᓂᕙᑎᒥᙶᕐᓗᓂ ᐊᐃᑦᑑᑕᐅᔪᓐᓇᖅᐳᖅ. ᐱᕐᕆᖕᒋᓭᖅᓱᓂ ᓂᐊᖅᑭᓇᓐᓇᖅᑐᖅ, ᐊᓂᖅᑎᓇᑦᑎᐊᕐᓇᖕᒋᑦᑐᖅ, ᕿᖅᓯᕐᓇᖅᑐᖅ, ᖃᕋᓭᒃᑯᑦ ᓱᕈᕐᓇᖅᑐᖅ ᐊᒻᒪ ᑐᕐᑰᓇᖅᑐᖅ. ᐱᕐᕆᖕᒋᓭᖅᑐᖅᑲᓕᕋᓗᐊᖅᐸᑦ ᓇᓗᓇᕈᓐᓇᖅᐳᖅ ᐱᓇᓯᐊᕈᓯᑦ ᒪᕿᕈᓂ 8-ᓄᑦ ᐅᖓᑖᓄᑦᓘᓐᓂᑦ. ᐱᕐᕆᖕᒋᓭᓇᒧᑦ ᐃᓅᓕᓭᐅᑎᑕᖅᖕᒋᑦᑐᖅ. ᐱᑖᖅᑎᑦᑎᑦᑕᐃᓕᒪᓂᖅ ᓭᐳᔾᔦᔪᑎᒃᓭᑐᐊᑦᑎᐊᖑᔪᓐᓇᖅᐳᖅ ᑕᒪᐃᓐᓄᑦ ᐃᓄᖕᓄᑦ ᓂᕙᑎᓄᑦᓗ.

ᑭᒃᑯᑦ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒥᒃ ᑲᐱᔭᐅᔭᕆᐊᖅᑲᒪᑕ?

ᑭᒃᑐᐃᓐᓇᑦᑎᐊᑦ ᑲᐱᔭᐅᓚᐅᖅᓯᒪᖕᒋᑦᑐᑦ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒥᒃ ᕿᔭᐅᓂᒡᓗᑎᒃ, ᖀᓱᒃᑕᐅᓂᒡᓗᑎᒃ ᐅᑯᓘᓐᓃᑦ ᐊᓗᐱᖅᑕᐅᓂᒡᓗᑎᒃ ᑭᓪᓚᐊᒍᑦ ᐋᓐᓂᐊᕐᒋᑦᑎᒍᓪᓘᓐᓃᑦ ᓂᕙᑎᒥᒃ ᐱᕐᕆᖕᒋᓭᕌᓯᕆᔭᐅᔪᒥᒃ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᓂᒃ ᑲᐱᔭᐅᔭᕆᐊᖅᑲᖅᐳᑦ.

ᑭᓲᖕᒪᑦ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ ᑳᐳᑦ (Rablg) ᖃᓄᐃᓕᐅᖅᑕᐅᔭᕆᐊᖅᑲᖅᐸᓗ?

Rablg ᐃᓅᓕᓴᐅᑕᐅᕗᖅ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑑᓇᓱᒃᓗᓂ ᑭᓇᑭᐊᖅ ᐱᕐᕆᖕᒋᓭᖅᑐᒧᑦ ᖃᓂᕚᓯᐅᓚᐅᕐᓂᖅᐸᑦ ᐊᑐᖅᑕᐅᔭᕆᐊᖅᑲᖅᓭᖅᓗᓂ. ᓴᓇᔭᐅᓯᒪᔪᖅ ᑭᓂᖅᑐᒥᒃ (ᐊᐅᖕᒥ) ᑕᐃᒃᑯᓇᖕᒐ ᐃᓄᖕᓂᑦ ᑲᐱᔭᐅᓯᒪᔪᓂᑦ (ᓴᐳᔾᔭᐅᓇᓱᒃᓗᑎᒃ) ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ. Rablg ᑳᐳᓪᒦᑦᑐᖅ ᐃᓚᖕᒐ ᐱᕐᕆᖕᒋᓭᖅᑐᒧᑦ ᖃᓄᐃᓕᔭᐅᓂᑯᒧᑦ ᐊᕙᑖᒍᑦ ᑭᑦᓚᐊᒍᑦᓘᓐᓃᑦ ᐊᑦᓚᖅᑕᐅᔭᕆᐊᖅᑲᖅᐳᖅ ᐊᒥᐊᒃᑯᐊᓗ ᓂᐅᖕᒐᑕ ᓄᑭᐊᓄᑦ ᐊᒻᒪ/ᐅᑯᓘᓐᓃᑦ ᑕᓕᐊᑕ ᓄᑭᐊᓄᑦ ᑳᐳᑕᐅᓗᓂ.

ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ ᑳᐳᑦ ᓭᐳᔾᔦᔪᑎᒋᔪᓐᓇᖅᐸᕗᑦ ᐱᕐᕆᖕᒋᓭᓇᖅᑐᒧᑦ?

ᐄ, ᐱᕐᕆᖕᒋᓭᓇᖅᑐᒧᑦ ᑳᐳᒪᒧᑦ, ᑲᐱᔭᐅᔪᑦ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒥᒃ ᐃᓚᐅᖅᓯᒪᕈᔫᔭᖅᑐᒥ, ᓭᐳᔾᔦᔪᑎᒋᔪᓐᓇᖅᐸᓯ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ.

ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ ᑳᐳᑦ ᐊᑦᑕᕐᓇᖕᒋᓚᖅ?

ᐄ. ᐃᓚᖏᑦ ᐃᓄᐃᑦ ᐋᓐᓂᐊᓗᐊᕈᓐᓇᖕᒋᒻᒪᑕ, ᐳᕖᓕᖅᐸᖕᒋᕐᔪᑎᒡᓗ, ᐊᐅᐸᖅᓯᕙᖕᒋᕐᔪᑎᒡᓗ ᖃᔅᓯᐊᕐᔪᕐᓄᑦ ᐅᓪᓗᕐᓄᑦ ᑲᐱᔭᐅᓯᒪᓕᕋᓗᐊᖅᑎᓪᓗᒋᑦ. ᖃᔅᓯᐊᕐᔪᐃᓪᓗ ᐃᓄᐃᑦ ᓂᐊᕐᑯᕐᓕᖓᑐᐃᓐᓇᓇᐊᖅᑲᖅᓱᑎᒃ, ᓴᐅᓂᙱᓗᑎᒃ, ᐊᒻᒪ ᑕᖅᑲᓭᐃᓪᓗᑎᒃ. ᖃᔅᔫᓐᓇᕈᓗᐃᓪᓗ, ᐃᓄᐃᑦ ᑲᐱᔭᐅᕌᓂᒃᓯᒪᓕᖅᑎᓪᓗᒋᑦ ᑎᒥᖕᒋᑦᑎᒍᑦ ᓈᒻᒪᖕᒋᓕᐅᕈᑎᖃᕈᓐᓇᖅᓱᑎᒃ ᓱᕐᓗ ᐃᓅᔪᓐᓃᕐᓗᑎᒃ ᐊᓯᖕᒋᓐᓂᒡᓘᓐᓃᑦ ᑎᒥᖕᒋᑦᑎᒍᑦ ᓈᒻᒪᖕᒋᓕᐅᕈᑎᖃᓕᕐᓗᑎᒃ.

Rablg ᓴᓇᔭᐅᓯᒪᕗᖅ ᐃᓄᖕᓂᙵᕐᓱᑎᒃ ᑭᓂᖅᑐᑦ (ᐊᐅᒃ) ᐊᐅᖕᒦᑦᑐᖃᑐᐃᓐᓇᖅᑲᖅᓱᓂᓗ ᓯᐊᒻᒪᔭᑦᑐᓂᒃ ᓱᕈᕈᑕᐅᔪᓐᓇᖅᑐᓂᒃ ᐋᓐᓂᐊᓕᕈᑕᐅᔪᓐᓇᖅᑐᓂᒡᓗ. ᑕᒪᓐᓇ ᐊᑦᑕᕐᓇᔭᑦᑐᖅ ᒥᒃᓴᒋᐊᖅᑕᐅᓯᒪᓕᕐᒥᔪᖅ ᖃᐅᔅᓴᖅᑕᐅᑦᑎᐊᖅᐸᒡᓗᑎᒃ ᐊᐅᖕᒋᖅᑕᐅᓯᒪᔪᑦ, ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᓪᓗᒍᓗ ᓱᓕ ᐋᓐᓂᐊᕆᔭᐅᒐᔪᖕᒋᑦᑐᒥᒃ ᐋᓐᓂᐊᓕᕈᑕᐅᑐᐃᓐᓇᕆᐊᖅᑲᕐᒪᑦ.

ᑭᒃᑯᑦ ᐅᖅᑲᑎᖅᑲᕈᓐᓇᕐᒪᑕ ᐃᓗᐊᖅᓴᐃᔾᔨᒥᓄ ᐱᕐᕆᖕᒋᓭᓇᖅᑐᓂᒃ ᑲᐱᔭᐅᓚᐅᖕᒋᓐᓂᖕᒋᓐᓂᒃ?

ᐋᓐᓂᐊᕕᖕᒥ ᐃᓗᐊᖅᓴᐃᔾᔨ ᐅᖅᑲᕕᑭᕙᓐᓇᖅᐸᓯᐅᒃ ᐃᒪᐃᓕᖕᒐᑐᐊᕈᓯᔾᔨ:

- ᑎᒥᒃᑯᑦ ᓈᒻᒪᖕᒋᓕᐅᕈᑎᖃᕕᖔᓕᕙᐊᓕᕈᔾᔨ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᓯ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ. ᓈᒻᒪᖕᒋᓕᐅᕈᑕᐅᓕᖅᐊᕈᓇᖅᑐᑦ ᒪᑯᐊᖑᓪᓗᑎᒃ ᐊᓂᖅᑎᓇᓗᑎᒃ ᐳᕙᖅᐸᓗᒃᑐᑦ, ᖁᖅᑲᖅᑐᑦ, ᐃᖠᕆᐊᕐᓗᒃᑐᑦ ᐃᔅᔭᖑᔭᑦᑐᑦ ᐅᑯᓘᓐᓃᑦ ᐄᓯᖓᓕᕐᓗᑎᒃ.
- Rablg-ᒦᑦᑐᑦ ᐃᓚᐅᖅᓯᒪᔭᕆᓐᓄ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒍ ᑎᒥᐊᒍᑦ ᓈᒻᒪᖕᒋᓕᐅᕈᑎᖅᑲᖅᐸᑦ.
- ᐊᐅᓈᖅᓯᔭᑉᐸᑦ ᐅᑯᓘᓐᓃᑦ ᐊᐅᖕᒧᑦ ᑭᓃᒃᑯᓯᕆᐊᖅᑲᖅᑕᖅᐸᑦ.
- ᐃᑖᒃᑰᖅᑐᒥᒃ ᐊᐅᓕᖅᓱᖅᑕᐅᔭᕆᐊᖅᑲᕈᕕᑦ ᑕᐃᑰᓯᓕᖕᒥᒃ A-ᒥ (IgA).

ᖃᓄᕐᓕ ᐊᑦᑕᕐᓇᖅᑎᕆᔪᓐᓇᖅᐸ ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ ᑲᐱᔭᐅᖕᒋᕐᔪᓂ?

ᐱᕐᕆᖕᒋᓭᓇᖕᒋᑦᑐᒧᑦ ᑲᐱᔭᐅᔭᕆᐊᖅᑲᖅᐳᑎᑦ ᑭᓯᐊᓂ ᑲᐱᔭᐅᔪᒪᖕᒋᒃᑯᕕᑦ, ᐊᑦᑕᕐᓇᖅᑐᒧᑦ ᑎᑭᐅᑎᔪᓐᓇᖅᐳᑎᑦ ᐋᓐᓂᐊᓕᖅᐸᑦᓕᐊᓗᑎᑦ ᐱᕐᕆᖕᒋᓭᓕᑐᐃᓐᓇᕆᐊᖅᑲᕐᓗᑎᓪᓗ ᓂᐊᖅᑭᓇᓕᕐᓗᑎᑦ ᐃᔾᔨᖑᓗᑎᑦ, ᕿᖅᓯᕐᐸᒡᓗᑎᑦ, ᖃᕋᓭᒃᑯᑦ ᓱᕈᕈᑎᓗᑎᑦ, ᑭᖑᓂᐊᒍᑦᓗ ᑐᕐᑯᓗᑎᑦ. ᐃᓅᓕᓭᐅᑎᑕᖅᖕᒋᑦᑎᐊᖅᑐᖅ ᐱᕐᕆᖕᒋᓭᖅᑐᓄᑦ ᐃᓄᒃ ᐱᕐᕆᖕᒋᓭᖅᑐᒧᑦ ᕿᔭᐅᓚᐅᕐᓂᖅᐸᑦ ᐱᐅᔪᓐᓃᕈᑎᓗᓂᓗ.

ᑭᒃᑯᓐᓄᑦᓕ ᖃᐅᔨᒋᐊᒃᑲᓐᓂᕈᓐᓇᖅᐸ?

ᑐᑭᓯᒋᐊᒃᑲᓐᓂᕈᒪᒍᕕᔾᔨ ᐱᕐᕆᖕᒋᓭᓂᐅᑉ ᒥᒃᓵᓄᑦ, ᐃᓗᐊᖅᓴᐃᔾᔨ ᐅᖅᑲᕕᕆᓚᐅᓗᓯᐅᒃ.

Immunization Protocol for IMOGAM® Rabies

Rabies Immune Globulin (RabIg)

Purpose	To provide information and guidance for the use of rabies immune globulin (RabIg) in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	Rabies Immune Globulin (RabIg) 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.
Eligibility	RabIg is given **only** 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).
Product	IMOGAM® 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 RabIg 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. RabIg may be administered up to the 7th day after the first dose of the rabies vaccine is given.
Booster Dose	Not applicable
Vaccine interchangeability	Not applicable
Contraindications	No known contraindications. RabIG should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations. RabIg should be used with caution in those with bleeding disorders as bleeding complications may be encountered due to intramuscular injection. RabIg 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	Live vaccines should be deferred for at least 3 months after RabIg, as RabIg may interfere with the immune response. For specific guidelines, discuss with the regional CDC. RabIg 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 RabIg should be discussed with the patient or their parent/guardian before administration. Under no circumstances should RabIg be administered in the same syringe or at the same site as Rabies Vaccine.
Vaccine Supply and Distribution	Regional pharmacy is responsible for publicly funded territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with usual practices.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. 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
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	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. Anaphylactic reactions are rare, but have been reported.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • 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. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. 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
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and	RabIg Fact Sheet

Resources	Rabies Post-exposure Consent Form Rabies Public Health Protocol in the Communicable Disease Manual Injection Techniques for Rabies Immune Globulin
References	1. IMOGAM® Rabies Product Monograph. Sanofi Pasteur Limited. October 24, 2005. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Source: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Appendix A

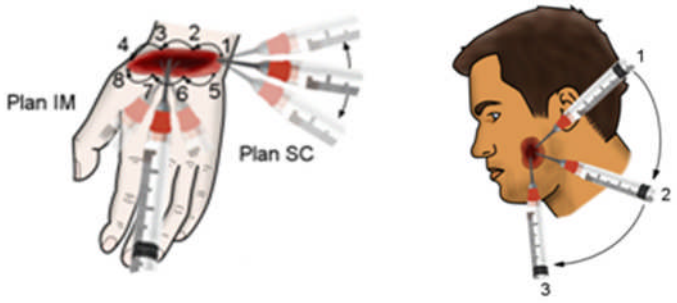
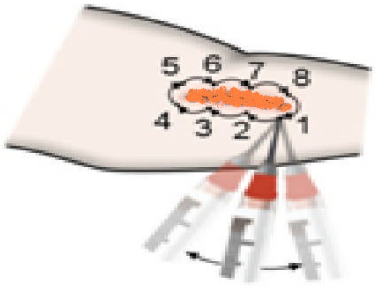
Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

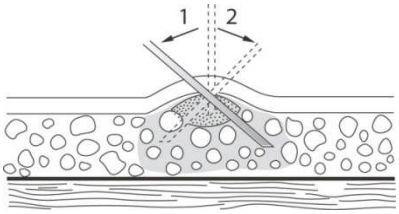
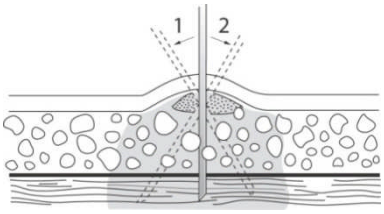
Injection Technique for Rabies Immune Globulin (RabIg)

Injection Site	Needle	Procedure
In and around a wound caused by a rabid or potentially rabid animal (including the face)	• 23–25 gauge • Length of the needle is dependent on the depth of the wound	**Before injection:** • 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. • Apply a virucidal agent (i.e. povidine-iodine solution, also known as Betadine) as soon as possible after washing. • Prepare the immunizing agent according to the number and size of the wounds. • If needed, dissolve the RabIg in two or three parts 0.9% NaCl, being sure to divide this solution equally among the sites. • Use a new needle and syringe for each new wound site (ex.: face, thigh). • Use non-sterile gloves.

Remember

- The quantity of RabIg to use is proportional to the size and depth of the wounds.
- The rest of the RabIg 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 RabIg will be injected (preferably in the deltoid in individuals > 1 year of age).

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

Subcutaneous	Intramuscular
	

- Lightly aspirate the needle to be sure it is not inside a blood vessel.
- Slowly inject some of the product until the tissue swells slightly or goes pale.
- 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.
- Remove the needle entirely and reinsert it nearby.
- Repeat these steps along the entire edge of the wound.
- Cover the wound with a sterile bandage.

References

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

Protocol for SYNAGIS®

(Palivizumab) 2023-2024

Purpose	To provide information and guidance for the SYNAGIS® program in Nunavut.
Objective/Indication	Infants at high risk for serious morbidity and mortality secondary to Respiratory Syncytial Virus (RSV) infection.
Eligibility	• Premature infants born at ≤ 35 weeks and 6 days gestation AND ≤ 6 months of age. The start date for Nunavut's annual SYNAGIS® program is a declared by the CPHO and is based on assessment of RSV activity both in Nunavut and across the country • Children < 12 months of age at the beginning of the SYNAGIS® program with: o Chronic lung disease of prematurity (CLD- defined as a need for oxygen at 35 weeks GA) currently requiring or has required in the past six months supplemental oxygen and/or medical therapy such as diuretics, bronchodilators, or steroids; o Hemodynamically significant congenital heart disease and hemodynamically significant chronic cardiopathy other than congenital currently requiring or has required in the past six months supplemental oxygen and/or medical therapy such as diuretics, bronchodilators, or steroids. • Children < 24 months of age at the beginning of the SYNAGIS® program with: o Bronchopulmonary dysplasia/chronic lung disease of prematurity requiring ongoing supplemental oxygen or who were weaned off supplemental oxygen in the past six months. o A recent heart transplant within six months of the onset of RSV season or who are awaiting a heart transplant. • SYNAGIS® maybe recommended for children who do not meet the above criteria. Clinicians who wish to submit an application for consideration must provide supporting documentation to substantiate the child's application. • Prophylaxis may be considered for children < 24 months with untreated 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.[1] Nunavummiut starting SYNAGIS® outside of Nunavut will be reviewed on a case-by-case basis. All applications received from out of territory need the signature of Nunavut's Chief Public Health Officer (CPHO) on them, regardless of if they have been signed by a pediatrician from out of territory. Additionally, the eligibility of these children will include consideration of the start date of the SYNAGIS® program in the jurisdiction in which they are receiving care. Please note: The safety and effectiveness of SYNAGIS® in children older than 24 months of age at the start of dosing have not been established. SYNAGIS® is **NOT** for adults or for children older than 24 months of age at the start of the season.

	It is recommended that children receiving SYNAGIS® who become infected with RSV continue to receive monthly doses of SYNAGIS® throughout the RSV season.
Product	SYNAGIS® is a humanized monoclonal antibody, given by injection every 4 weeks.
Vaccine Type	Passive Immunizing Agent
Vaccine Components	Medicinal ingredients: palivizumab Clinically relevant non-medicinal ingredients: chloride, glycine, histidine, and water for injection.
Formats Available	SYNAGIS® is supplied in 50 mg/0.5mL and 100 mg/1 mL vials of solution for injection.
Manufacturer	AstraZeneca Canada Inc. 1004 Middlegate Road Mississauga, Ontario L4Y 1M4
Dose Series	**Dose:** Administer 15 mg/kg, rounding off to the nearest mg. Max dose 1 mL; doses > 1 mL should be divided. The interval between the first and second doses is 21 to 28 days, an the interval between subsequent doses is 28 to 35 days. Administer the first dose as soon as possible after the launch of the annual SYNAGIS® program. For children born after this date and are eligible, their first dose should be given as soon as possible after birth. Give at the recommended interval during anticipated periods of community RSV risk to a **maximum of 7 doses,** unless specified by the Office of the Chief Public Health Officer (OCPHO). If a dose is delayed, give a dose as soon as possible. It helps with compliance to coordinate SYNAGIS® injections with routine well-child visits where possible.
Administration	Intramuscular (IM) injection (typically in the anterolateral thigh) The dose per month = [patient weight (kg) x 15 mg/kg ÷ 100 mg/mL of SYNAGIS®] ****Injection volumes over 1mL should be given as a divided dose.** This means that no more than 1mL of SYNAGIS® can be given in a single injection into a muscle. • Both the 0.5mL and 1 mL vials contain overfill to allow the withdrawal of 50 mg or 100 mg. • **DO NOT DILUTE THE PRODUCT. DO NOT SHAKE VIAL.** • 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. • SYNAGIS® does not contain a preservative and should be administered immediately after drawing the dose into the syringe. • Single-use vial. If you need to re-enter the vial, use a new sterile needle, otherwise discard unused content. • SYNAGIS® should not be mixed with any other medications or diluents. **NOTE: SYNAGIS® provides passive immunity, thus missed doses leave patients unprotected. Ensure**

	that all doses are administered on time for maximum protection.
Contraindications	Do NOT administer if there is a known hypersensitivity to any component of SYNAGIS® or to other humanized monoclonal antibodies.
Consent	Consent forms must be reviewed and signed by the parent/guardian prior to administration of the first dose of SYNAGIS®. There are translated versions of the consent form (Appendix B) for reference with patients.
Precautions and Additional Notes	• Typically, for minor illnesses, proceed to administer if client meets the eligibility criteria. • Defer drug administration only with moderate to severe illness, with or without fever. • 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. • SYNAGIS® does not interfere with the immune response to Tuberculosis Skin Tests (TSTs) and/or Bacillus Calmette-Guérin (BCG) and can be administered at the same time in a separate site.
Side Effects and adverse events	• Common and very common: redness or swelling at the injection site, fever, nervousness or irritability, cough, rhinitis and diarrhea. • Uncommon, rare and very rare adverse events: serious adverse events primarily include hypersensitivity reactions are rare (1.3 to 3.4 per 10,000 doses administered). Anaphylaxis occurs in approximately 1 per 1 million doses • Very rare: severe allergic reactions, anaphylactic shock.
Reporting Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to Regional Communicable Disease Coordinator. Review section 3.5 in the Nunavut Immunization Manual.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in Anaphylaxis: Initial Management in Non-Hospital Settings found in the Canadian Immunization Guide.
Storage	• Store in monitored vaccine refrigerator between 2°C and 8°C. • Protect from light. • If product arrives frozen or warm, separate the affected product under cold chain conditions, label "Do Not Use" and contact regional pharmacy for further instructions.
Vaccine Supply and Distribution	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).
Special Instructions	**Registration for SYNAGIS® Program:** • Practitioners (in and out of territory) identify SYNAGIS® program candidates throughout the year based on eligibility criteria. • Complete Annual SYNAGIS® Registration Form (Appendix A). • Send registration form to the RCDC who will forward it to the OCPHO throughout the year for approval via email or fax. • Clinical consultation with a pediatrician may be carried out as part of the review process, but the final approval of applications will be at the discretion of the CPHO. The approved registrations will be emailed by the OCPHO to the respective RCDCs.

	Ordering and Administering SYNAGIS®: • Community health centres/public health must obtain informed consent (Appendix B) and weight before administering SYNAGIS® (weight must be done at each new visit to ensure appropriate dosing). • Ensure sufficient stock is available in clinic for the SYNAGIS® program and order more SYNAGIS® from the Regional pharmacy as needed. • Administer SYNAGIS®. **SYNAGIS® Documentation and Reporting:** • Document SYNAGIS® administration on the chart, Meditech electronic health record, and on the client's immunization record. Please document SYNAGIS® administration under the QI Immunization *Optional Immunization* tab under Palivizumab. • Complete SYNAGIS® Report Form (Appendix C) and fax it to the RCDC. • RCDC will review SYNAGIS® Report and file it for next steps. • RCDC will fax SYNAGIS® Report Form to OCPHO. • OCPHO will assess SYNAGIS® coverage/adherence at mid-season and end of season. **SYNAGIS® Documentation and Reporting for Travel:** • 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. • Additional information on out of territory registration and reporting procedures for those eligible infants from Nunavut can be found in Appendix D.
Vaccine Coverage and Reporting	Adherence is based on returned SYNAGIS® Report Forms.
Documentation	Document SYNAGIS® administration on the report form, Meditech electronic health record, and on the client's immunization record.
Materials and Resources	• Appendix A. SYNAGIS® Registration Form (Reviewed October 2023) • Appendix B. SYNAGIS® Consent Form (Reviewed October 2023) • Appendix C. SYNAGIS® Report Form (Revised October 2023) • Appendix D. SYNAGIS® Procedure for Eligible Out of Territory (OOT) Infants from Nunavut (Revised October 2023)
References	1. National Advisory Committee on Immunization Statement on *the Recommended use of palivizumab to reduce complications of respiratory syncytial virus infection in infants* (June 2022). Retrieved from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/palivizumab-respiratory-syncitial-virus-infection-infants/palivizumab-resp-infection-infants-eng.pdf 2. AstraZeneca (2022). SYNAGIS® Product Monograph. Retrieved from SYNAGIS-product-monograph-en (astrazeneca.ca) 3. Public Health Agency of Canada (2022). *Canadian Immunization Guide: Part 5- Passive Immunization.* Retrieved from https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-5-passive-

	immunization.html
Prescription for Program Administration	Administer SYNAGIS® according to the criteria above and in accordance with the Nunavut RSV season. Name of the prescriber: Dr. Jasmine Pawa, Chief Public Health Officer. September 2023. This protocol was reviewed and approved by Dr. Carolyn Pim and Dr. Ekua Agyemang on October 31, 2023.

Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

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

Appendix A

Submission date:

(DD) (MM) (YYYY)

Annual SYNAGIS® Registration Form

Last Name: _____

First Name: _____

Sex: □ **Male** □ **Female**

Date of Birth: _____ **(DD)** _____ **(MM)** _____ **(YYYY)**

Chart #: _____

Health Card #: _____

Eligibility Criteria (check all applicable):

☐ Premature infants born at ≤ 35 weeks and 6 days gestation AND ≤ 6 months of ageat the start or during the RSV season. Gestational age at birth: _____

☐ Children < 12 months of age at the beginning of the RSV season with:

- Chronic lung disease of prematurity (CLD- defined as a need for oxygen at 35 weeks GA) currently requiring or has required in the past six months supplemental oxygen and/or medical therapy such as diuretics, bronchodilators, or steroids;
- Hemodynamically significant congenital heart disease and hemodynamically significant chronic cardiopathy other than congenital currently requiring or has required in the past six months supplemental oxygen and/or medical therapy such as diuretics, bronchodilators, or 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 who were weaned off supplemental oxygen in the past six months.
- A recent heart transplant within six months of the onset of RSV season or who are awaiting a heart transplant.

☐ Prophylaxis may be considered for children < 24 months with untreated 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.[1]

(If infants do not 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:
Contact Information:
Signature:*Details of practitioner filling out application form*

CPHO/DCPHO Signature:

APPROVED? (Y/N): _____

Date: **(DD)** **(MM)** **(YYYY)**

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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Appendix B
Annual SYNAGIS® Consent Form

Last Name: ________________________________	
First Name: ________________________________	
Sex:	□ Male □ Female
Date of Birth: ______ (DD) ______ (MM) _________ (YYYY)	
Chart #: __________________________	
Health Card #: ______________________	

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 centre to inform them and schedule next dose for as soon as possible).
- Side effects/adverse events:
  - Very common: fever, rash.
  - Common: redness or swelling at the injection site, pause in breathing or other breathing difficulties.
  - Very rare: severe allergic reactions, anaphylactic shock.

☐ I have read the above information or had it read it 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: ____________________________

ᐅᐃᑐᖕᒐ B

ᐊᕿᑐᓕᒫᖅᓯᐅᑦ SYNAGIS® ᐊᖏᕈᑎ ᑕᑕᑎᕆᐊᓕᒃ

Last Name: ______________________________________

First Name: ______________________________________

Sex: ☐ **Male** ☐ **Female**

Date of Birth: ______ **(DD)** ______ **(MM)** ________ **(YYYY)**

Chart #: ______________________________

Health Card #: __________________________

ᑐᑭᓯᒋᐊᕈᑏᑦ ᕿᒥᕈᓂᐊᖅᑕᓯ ᕿᒥᕈᖃᑎᒋᔪᒋᑦ ᐊᖓᔪᖄᕆᔭᐅᔪᑦ/ᐸᖅᑭᔨᒋᔭᐅᔪᑦ:

- SYNAGIS® (palivizumab) ᓴᐳᔾᔨᔾᔪᑕᐅᔪᓇᕐᒪᑦ ᐳᕙᕆᓇᖅᑐᓄᑦ Respiratory Syncytial Virus (RSV), ᐳᕙᕆᓕᕈᑕᐅᕐᔪᐊᕈᓇᖅᑐᓄᑦ.
- ᓴᐳᔾᔭᐅᔾᔪᑎᑦ ᑕᒪᐃᓐᓄᑦ ᑳᐳᑎᓄᑦ SYNAGIS® ᐳᕙᕆᓕᕈᑕᐅᓂᐊᓚᐅᖅᑑᒐᓗᐊᓂᒃ ᓄᖑᐸᐸᓕᐊᑎᑦᑎᑐᐃᓐᓇᕈᓐᓇᕐᒪᑦ ᐱᓇᓱᐊᕈᓯᑦ ᐱᖓᓱᓂᒃ ᑎᓴᒪᓄᑦ.
- ᒥᒃᓵᒋᐊᖅᑎᓐᓂᐊᕐᓗᒍ ᕿᑐᕐᖓᐃᑦ ᐳᕙᕆᓂᕐᒥᒃ ᐋᓐᓂᐊᓕᖅᑎᑦᑕᐃᓕᓗᒍ, ᐱᒻᒪᕆᐅᕝᕐᓕ ᑕᐃᒪ ᑲᐱᔭᐅᖃᑦᑕᑐᐊᕈᓯ SYNAGIS®-ᓄᑦ ᑳᐳᑎᓂᒃ.
- ᐅᔾᔨᕈᓯᒋᐊᖃᖅᐳᓯ ᕿᑐᕐᖓᓯ ᑲᐱᔭᐅᙱᑐᐃᓐᓇᕆᐊᖃᕐᒪᑕ SYNAGIS®–ᒧᑦ ᐃᒪᐃᑐᐊᖅᐸᑕ:
  - ᖃᐅᔾᒪᔭᐅᒃᐸᑕ ᐊᒃᑐᖅᑕᐅᕐᔪᐊᕈᓇᖅᑐᑦ SYNAGIS®–ᒥ ᐃᓗᓕᖅᑕᖏᓐᓄᑦ ᐊᓯᖏᓐᓄᓪᓘᓐᓃᑦ ᐃᓄᖑᖕᒐᔫᑦ ᑎᒥᑦᑎᓐᓃᑦᑐᑦ monoclonal antibodies–ᓂᒃ.
  - ᓈᒻᒪᒃᑐᒥᒃ ᖃᓂᒪᔫᑦ ᖃᓂᒪᕐᔪᐊᖅᑐᓄᑦ ᑎᑭᓪᓗᒍ, ᐆᑎᓇᕐᓗᑎᒃ ᐋᒃᑲᓘᓐᓃᑦ (ᐅᖄᓚᒋᐊᖃᖅᐳᑦ ᐋᓐᓂᐊᕙᖑᑦ ᑐᓴᖅᑎᓪᓗᒋᑦ ᐋᖅᑭᖃᑎᒋᓗᒋᓪᓗ ᑲᐱᔭᐅᓂᕆᓇᔭᖅᑕᖏᓐᓂᒃ ᖃᓂᓐᓂᖅᐹᒧᑦ).
- ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒋᑦ ᖃᓄᐃᔾᔪᑎᖃᖅᑐᑦ/ᐊᑲᐅᙱᓕᓐᓂᐅᕈᑎᖃᖅᑐᑦ:
  - ᐊᑐᖅᑕᐅᕙᔪᓛᖅ: ᐆᑎᕐᓇᖅᓯᓗᑎᒃ, ᐅᕙᓂᐊᑐᓪᓗ ᐅᖏᓚᓕᕐᓗᑎᒃ.
  - ᐊᑐᖅᑕᐅᕙᔫᒃᑐᖅ: ᐊᐅᐸᖅᓯᓪᓗᓂ ᐳᓪᓕᖅᓗᓂᓘᓐᓃᑦ ᑲᐱᔭᐅᓯᒪᔫᑉ ᓇᓖᒍᑦ, ᐊᓂᖅᓵᖅᑐᖅᑕᖓᓗ ᓄᖅᑲᓚᐅᒃᐸᓪᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᓵᖅᑐᙵᓕᕐᓗᓂ.
  - ᐊᑐᖅᑕᐅᕙᔫᙱᑦᑐᖅ: ᑎᒥᒥᑦ ᓈᒻᒪᙱᓪᓕᐅᕈᑎᖃᕝᕙᔪᐊᓕᕐᓗᓂ, ᖁᐊᖅᓵᕐᔪᐊᖅᓯᒪᓗᓂ.

☐ ᖁᓛᓃᑦᑐᑦ ᐅᖃᓕᒫᖅᑕᒃᑲ ᑐᓴᒐᒃᓴᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᕙᓐᓄᑦ ᐅᖃᓕᒫᖅᑕᐅᑎᑕᒃᑲ ᑐᑭᓯᓪᓗᑎᓪᓗ.
☐ ᑐᑭᓯᕗᖓ ᕿᑐᕐᖓᕋ ᓴᐳᑎᓯᒪᔪᓇᕐᓂᓕᒫᓂ ᓴᐳᑎᓯᒪᔪᓇᕋᖅᑯ ᐳᕙᕆᓂᕐᒧᑦ ᓈᒻᒪᖅᑰᑎᑎᓪᓗᒍ ᑲᐱᔭᐅᒋᐊᖃᖅᑕᓕᒫᖏᓐᓄᑦ ᑲᐱᔭᐅᑎᖃᑦᑕᕆᐊᖃᖅᑕᕋ.
☐ ᐊᐱᖅᓱᐊᓂᒃᓯᒪᓕᖅᑐᖓ ᑭᐅᔭᐅᑦᑎᐊᑲᑖᖅᑰᖓᓗ.

ᕿᑐᕐᖓᕋ ᐅᖁᒪᐃᓐᓂᓕᒃ ᐃᒪᓐᓇ (kg) ____________________

ᐊᖓᔪᖄᑉ/ᐸᖅᑭᔨᒋᔭᑉ ᐊᑎᐊ: ________________________________

ᐊᑎᓕᐅᕐᕕᒃ:____________________ ᐅᓪᓗᖅ:______________________________

ᐊᓂᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ
Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Naunaitkutaa B
Ukiuk Tamaat SYNAGIS®
Angirutikhaq Titiraq

Kingulliq Atia: ______________________________

Hivulliq Atia: ______________________________

Inuuhiriyaa: □ **Angut** □ **Arnaq**

Annivia: ________(DD)__________(MM) ___________(YYYY)

Ilituqhautip Napaa: ____________________________

Aanniaqtailinirmut Takuyaunikkut #________________

Ihivriuqtauyukhaq Naunairutikhangit imaituqarlutik angajuqqaaq/munaqti:

- SYNAGIS® (palivizumab) tunihimaaqtuq munagidjutikharnik talvanga Anirnikkut Aulayunik (RSV), aanniarut aanniaqtitivakhimayuq anirnikkut aanniarninik.
- Tamna munagidjutikhaq havautikhangit talvanga SYNAGIS® havautituqtauvakhimayuq talvanga aaniarutmin RSV piinginaqpaktuq timingnin 3nik-4nikluuniit havainirnik.
- Aanniarnaitumik nutgat aanniarutmin RSVnik, akhuurutiqaqtuq havautituqtauyukhat tamainik SYNAGIS® havautikharnik tikilvikhanga havautituqtaugiaqaligumi.
- Ilihimayukhauyutin nutarat havautituqtaulimaitungnarhiyuq SYNAGIS®nik ayungnautiqagumik inuuhirmini:
    - Ilitarnaqtuq mihingnautiqainagumik havautmun uminga SYNAGIS®nik iluaniitun allanikluuniit havautiqagumik havautinik inuhiangitni ayungnautiqagumik.
    - Aannialaqigumik aanniaryualaqalakumiklu, kidjakhimaitumik kadjakumikluuniit (hivayaqlugit munarhitkut ilitugipkaklugitlu qanga havautituqpakhimayut qilaminuaq).
- Nakuuhuirnarman aanniarutit ilanganun inungunun/ihualuangitun aulavakhimayut:
    - Taimailiniartun: kidjarniaqtun, uvinirluklutiklu.
    - Naunaitun: aupajaalaqiniaqtun puvitlutiklu maqinirmiituni uviniani, anirhaarlungniaqtunluuniit allaniklu anirhaaktariami ajurhautiqarniaqtun.
    - Taimaililualimaitun taimainiartunlu: ayungnautikalarniaqtun inuuhirmini amigiyauyukhanik munarhinin.

☐ Taigurpagara qangani titiraqhimayut taiguktitiavaktagaluuniit uvamnun kangikhiyagalu.
☐ Ilihimayaga ihualuaqtuq munagidjutikhaq nutaramnun talvanga RSVmin takyaqtauvikhangit agitigiyakhatka taima havautitungnagiyaangat tamaini havautikhangit.
☐ Apigivaktunga apiqutingnik kiuyauvakhimayutlu namagiyamnun.

Nutaram uqumaitilaanga tadjakaffuq (kg) ______________________________

Angajuqqaap/Munaqtiup Atia: _____

Atiliurvikhaa: _____
Ublua_____

Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Annexe B
Formulaire de consentement annuel pour SYNAGIS®

annexe

First Name: _____

Sex: □ **Male** □ **Female**

date de naissance: _____ **(DD)** _____ **(MM)** _____ **(YYYY)**

Chart #: _____

carte Santé #: _____

Lire l'information avec le parent/tuteur :

- SYNAGIS® (palivizumab) fournit une protection contre le virus respiratoire syncytial (VRS), cause de maladies respiratoires potentiellement graves.
- La protection offerte par chaque dose diminue après trois à quatre semaines.
- Pour réduire le risque que votre enfant tombe malade en raison du VRS, il est important qu'il reçoive toutes ses doses de SYNAGIS® au moment prévu.
- Sachez que votre enfant pourrait ne pas recevoir SYNAGIS® s'il a :
  - une hypersensibilité connue aux composantes de SYNAGIS® ou à d'autres anticorps monoclonaux humanisés;
  - une maladie modérée à grave, avec ou sans fièvre (appelez le centre de santé pour planifier la prochaine dose dès que possible).
- Effets secondaires et incidents thérapeutiques :
  - Très courants : fièvre, éruption cutanée.
  - Courants : rougeur ou enflure au point d'injection, pause dans la respiration ou autres difficultés respiratoires.
  - Très rares : réactions allergiques graves, choc anaphylactique.

☐ J'ai lu ou entendu l'information ci-dessus et je la comprends.
☐ Je comprends que pour bien protéger mon enfant du VRS, je dois l'amener recevoir toutes ses doses au moment prévu.
☐ J'ai posé mes questions et reçu des réponses satisfaisantes.

Poids actuel de l'enfant (kg) _____

Nom du parent/tuteur : _____

Signature : _____ Date : _____

Appendix C

Annual SYNAGIS® Report Form

Last Name: ___________________________________

First Name: ___________________________________

Sex: □ **Male** □ **Female**

Date of Birth: ______ **(DD)** ______ **(MM)** ________ **(YYYY)**

Chart #: ______________________________

Health Card #: ________________________

Fax to RCDCs

Qikiqtaaluk: 867-975-4833 (qikiqtaaluk_rcdc@gov.nu.ca)

Kivalliq: 867-645-2409 (kivalliq_rcdc@gov.nu.ca)

Kitikmeot: 867-983-4088 (fdigout@gov.nu.ca)

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

Dose	Community & contact number	Dose in mL and date given (dd/mm/yyyy)	Lot #(s)	Next dose due (dd/mm/yyyy)	SYNAGIS® discontinued (e.g. last dose, administered out of Nunavut, declined consent)
1					Specify:
2					Specify:
3					Specify:
4					Specify:
5					Specify:
6					Specify:
7					Specify:

Notes below (i.e. Baby travels out of the community around the time of next dose):

____

____

Appendix D

SYNAGIS® Procedure for Eligible Out of Territory (OOT) Infants from Nunavut

1. Health care providers will fax or email Annual SYNAGIS® Registration Form(s) (Appendix A) to the Office of the Chief Public Health Officer (OCPHO) or the Regional Communicable Disease Coordinators (RCDCs).

2. OCPHO emails approved registration forms to RCDCs and keeps a record of them at headquarters.

3. OOT SYNAGIS® Coordinators can order SYNAGIS® from the Nunavut Pharmacy (1-867-975-8600 ext. 2306) or send Nunavut's Pharmacy receipt for the vaccine only **after** the registration form has been approved and signed by the CPHO. This means that SYNAGIS® applications should be approved by the CPHO before any palivizumab is given out of territory.

4. Once SYNAGIS® is administered, OOT SYNAGIS® Coordinator fills out SYNAGIS® Report Form (Appendix C) and faxes it to the RCDC.

5. If the infant returns to Nunavut, RCDC will fax SYNAGIS® Report Form (Appendix C) to home community.

6. If an infant is born in, or travels to a region where the RSV prophylaxis program has transitioned to the use of Nirsevimab (Beyfortus), please contact your RCDC for guidance.

If a child is transferred OOT while enrolled in the program:

- The community health centre/public health advises the RCDC using the SYNAGIS® Report Form (Appendix C).

- The RCDC advises the OOT SYNAGIS® Coordinator, copying the Territorial team for awareness.

- The OOT SYNAGIS® Coordinator orders SYNAGIS® from the Nunavut Pharmacy (1-867-975-8600 ext. 2306) or sends Nunavut Pharmacy receipt for the vaccine.

- Once SYNAGIS® is administered, the OOT SYNAGIS® Coordinator fills out the SYNAGIS® Report Form (Appendix C) and faxes it to the RCDC.

- If the infant returns to Nunavut, the RCDC will fax the SYNAGIS® Report Form (Appendix C) to the infant's home community.

Influenza Immunization Protocol for Fluzone® Quadrivalent

Purpose	Provide information and guidance for the Influenza Immunization Program in Nunavut.
Objective	To reduce morbidity and mortality secondary to Influenza infection.
Indication	Annual immunization against Influenza caused by the specific strains of the influenza virus contained in the vaccine.
Eligibility	Age 6 months and older
Product	FLUZONE® Quadrivalent
Vaccine Type	Quadrivalent Inactivated – split virus (for more information see references)
Vaccine components	Egg protein, Thimerosal, Triton®X-100, Formaldehyde, sodium phosphate (buffered), isotonic sodium chloride solution
Formats available	Multidose vials (5mL), 10 x 0.5 mL doses per vial
Manufacturer	Sanofi Pasteur
Administration	Infants <1 year of age: Intramuscular (IM) in the anterolateral thigh (vastus lateralis) Children >1 year with adequate muscle mass and adults: Intramuscular (IM) in the deltoid muscle
Dose Series	1 dose of 0.5 mL given via the Intramuscular (IM) route
Booster Dose	Children 6 months to less than 9 years 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
Vaccine interchangeability	N/A
Contraindications	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.

Precautions and Additional Notes	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. Vaccine is given annually to anyone age 6 months and older.
	May be given at the same time as other inactivated or live vaccines. **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)** Do not draw up vaccine until ready to administer. NACI states that influenza vaccination is recommended for pregnant women. NACI states that influenza vaccination is considered safe for breastfeeding women. Take the opportunity to simultaneously immunize, unimmunized adults over 50 years old with pneumococcal polysaccharide vaccine (Pneumovax 23).
Vaccine Supply and Distribution	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Drug Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Keep in original packaging. Protect from light. 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. 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
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.
Side Effects	Injection site: pain, tenderness, redness, swelling at injection site. Systemic: fever, fatigue, headache, malaise, and myalgia.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 Management and Reporting of Adverse Events in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Fluzone Quadrivalent Consent Form and electronic record (where applicable). For children <9 years of age: the first 2 doses of influenza vaccine should also be documented on the Nunavut Immunization Record.

	Update recipient's Personal Immunization Record as requested.
Materials and Resources	All protocols and materials are available on the Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol Nunavut Immunization Manual Public Service Announcement: Preventing Influenza Fluzone Quadrivalent Fact Sheet Fluzone Quadrivalent Consent Form
References	1. FLUZONE® Quadrivalent. Product Monograph. Sanofi Pasteur. April 2020. Available at http://products.sanofi.ca/en/fluzone-qiv.pdf 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. 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 4. Summary of National Advisory Committee on Immunization (NACI) statement: Recommendations on the use of COVID-19 vaccines - Canada.ca

Fact Sheet

Fluzone® 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® 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® 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® 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?

Veuillez 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 (Tylénol, 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.

ᓱᓕᔪᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

® Fluzone® ᓄᕙᓗᐊᕐᓂᕐᒧᑦ ᐃᓅᓕᓴᐅᑦ ᑲᐱᓯᐅᔾᔪᑎ

ᑭᓲᕙ ᓄᕙᓗᐊᕈᑕᐅᔪᖅ (ᓄᕙᙳᕈᑕᐅᔪᖅ)?

ᓄᕙᓗᐊᕈᑕᐅᔪᖅ ᐊᐃᑦᑐᕐᓗᐃᔪᑕᐅᔪᓐᓇᖅᑐᖅ ᓄᕙᙵᖅᑐᒥᑦ. ᓯᐊᒻᒪᒃᐸᓪᓚᐊᓲᖑᓪᓗᓂ ᕿᐃᖅᓱᕐᓂᒃᑯᑦ, ᑕᒋᐅᖕᓂᒃᑯᑦ ᐅᕙᓗᓐᓂᑦ ᑲᑭᖕᒥ ᓄᕙᒃᑯᑦ.

ᖃᓄᐃᔪᑕᐅᔪᑦ ᒪᑯᐊᖑᓇᔭᖅᑐᑦ: ᐆᑎᕐᓇᕐᓗᑎᒃ, ᕿᐃᖅᓱᒃᑕᒡᓗᑎᒃ, ᑳᑕᖕᒋᓪᓗᑎᒃ, ᓄᑭᑭᓪᓗᓂ, ᐃᒡᒋᐊᕐᓗᒡᓗᓂ ᐊᒻᒪᓗ ᑖᒃᓯᒪᓗᐊᓕᕐᓗᓂ.

ᓄᕙᒐᔫᒃᐳᑦ ᐅᑯᐊ ᓄᐱᐱᓇ ᒪᐃᒥᓪᓗ ᐊᑯᓂᖏᓐᓂ, ᑭᓱᐊᓂ ᓄᕙᒐᔪᖕᓂᖅᓴᐅᕗᑦ ᔭᓄᐊᕆ ᕖᕝᕗᐊᕆᒥᓗ.

ᑭᓇ ᑲᐱᓯᐅᔪᓐᓇᖅᐸ?

ᑭᓇᑐᐃᓐᓇᖅ ᑕᖅᑭᓂᒃ 6–ᓂᒃ ᐅᑭᐅᕐᑲᖅᑐᖅ ᑲᐱᓯᐅᔪᓐᓇᖅᑐᖅ ᓄᕙᖕᓂᐊᕐᒧᑦ.

ᓱᕈᓰᑦ 9–ᓂᒃ ᐅᑭᐅᕐᑲᖅᑐᑦ ᑐᖕᒑᓂ, ᓯᕗᓪᓕᕐᐹᒥᒃ ᑲᐱᓯᐅᔪᓐᓇᖅᑐᑦ, ᒪᕐᕈᐃᖅᓱᕐᓗᑎᒃ ᐃᓅᓕᓴᐅᑎᓕᖕᒥᒃ, ᑎᓴᒪᓂᒃ ᐱᓇᓱᐊᕈᓰᓯᕐᓂᒃ ᐅᖓᓯᒌᒃᑎᑦᔪᒥᒃ ᑲᐱᓯᐅᓗᑎᒃ, ᓴᐳᑎᔭᐅᔪᓐᓇᖅᐳᑦ.

ᑭᓱ ᐃᓅᓕᓴᐅᒻᒧᑦ ᐃᑲᔫᑎᔪᓐᓇᖅᐸ?

ᓄᓇᕗᒥᐅᑦ ᓴᐳᑎᔭᐅᔪᓐᓇᖅᐳᑦ ᐋᓐᓂᐊᓕᕐᑯᓇᕆᑦ ᓄᕙᙵᖅᑐᒥᑦ.

ᓄᓇᓕᖕᓂᒥᐅᑦ ᓴᐳᔾᔭᐅᓯᒪᔪᓐᓇᖅᐳᑦ ᑖᒃᑯᐊᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑐᑦ ᖃᓄᐃᔪᑎᖃᕋᔭᖅᑐᑦ ᓄᕚᔪᐊᕐᓂᕐᒧᑦ.

ᓄᕙᒡᔪᐊᕐᓂᖃ ᐋᓐᓂᐊᕙᓕᐅᕈᑎᐅᖃᑦᑕᖅᐳᖅ ᑐᕐᑰᔪᑎᐅᔪᓐᓇᖅᓱᓂᓗ, ᐱᓗᐊᖅᑐᒥᒃ ᑖᒃᑯᐊ ᖃᓄᐃᔪᑎᖃᔭᑦᑐᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᓂᖅᓴᐅᔭᑐᓄᑦ.

ᑖᓐᓇ ᓄᕙᓗᐊᕐᓇᖅᑐᒧᑦ ᐃᓅᓕᓴᐅᑦ ᖃᓄᐃᓐᓇᖕᒋᑦᑑᖅ?

ᐃᓚ. ᖃᓄᐃᔪᑕᐅᓗᐊᖅᑐᑐᐊᖑᓇᔭᖅᑐᖅ ᑲᐱᓯᐅᓂᕐᒥᑦ ᐊᐅᐸᖅᓯᓂᐅᔪᖅ ᑳᐳᑎᐅᑉ ᐃᓂᐊ. ᐆᑎᕐᓇᓚᔫᒃᐳᑦ, ᑖᒃᓯᒪᓗᓂ, ᓂᐊᕐᑰᖑᓗᓂ ᐅᕝᕙᓗᓐᓂᑦ ᓄᑭᖕᒋᑦ ᐋᓐᓂᐊᕐᓗᑎᒃ. ᑕᐃᒪᐃᓚᔪᓐᓇᖅᑐᖅ ᑲᐱᓯᐅᓗᓂ ᐊᒻᒪ ᓇᓗᓇᐃᖅᓯᔪᖅ ᑎᒥᑦ ᐃᑲᔫᑎᓂᒃ ᐱᓕᕆᓚᖕᒪᑦ ᐋᓐᓂᐊᕆᓯᔪᒧᑦ. ᐊᒥᓱᑦ ᐃᓄᐃᑦ ᖃᓄᐃᔪᑎᖃᖅᐸᖕᒋᑦᑐᑦ ᐃᓅᓕᓴᐅᒻᒧᑦ.

ᑕᒪᐃᓐᓄᑦ ᐃᓅᓕᓴᐅᑎᓕᖕᓄᑦ ᑳᐳᑎᓄᑦ, ᓈᒪᒃᓴᖖᒋᑐᐃᓐᓇᕆᐊᖃᖅᐸᒃᑐᖅ ᑎᒥᒧᑦ, ᐅᖕᒋᓚᑲᑕᒍᑎᒋᓗᒍ, ᖃᑦᑎᒐᑮᓕᕐᓗᓂ, ᐳᕕᓕᕐᓗᓂᓘᓐᓃᑦ ᖃᓂᖓ, ᐊᓂᖅᑎᙵᑦᑎᐊᕈᓐᓃᕐᓗᓂᓗ. ᑕᐃᒪᐃᒐᔫᒃᐳᑦ 15 ᒥᓇᒥᑦ ᑲᐱᓯᐅᓴᕗᖅᓯᒪᓕᖅᑎᓪᓗᒋᑦ. **ᐃᒪᓐᓇᐅᕐᑯᔭᐅᓇᔭᖅᑐᖅ ᖃᖓᑐᐃᓐᓇᒃᑯᑦ ᑲᐱᓯᐅᓴᕗᖅᓯᒪᓕᖅᑎᓪᓗᒋᑦ ᐋᓐᓂᐊᕕᖕᒥᖕᒋᓐᓇᕐᑯᔭᐅᓲᖑᔪᑦ 15-ᒥᓇᑦᓯᒥᒃ ᑲᐱᓯᐅᓴᕗᖅᓯᓕᖅᑎᓪᓗᒋᑦ.** ᓄᕙᓗᐊᕈᑎᒋᔭᐃᑦ ᐃᓅᓕᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓗᐊᖅᓴᐃᔨ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᕗᖅ ᑲᒪᔪᓐᓇᓕᐊᕐᑲᕐᓂᕐᒥᒃ ᑕᒪᑐᒧᖓ.

ᑭᒃᑯᑦ ᐃᓗᐊᖅᓴᐃᔨᒥᖕᓂᒃ ᐅᕐᑲᓪᓚᖅᑎᖅᑲᓇᐊᖅᑲᖅᐹᑦ ᑲᐱᓯᐅᓚᐅᖅᑳᕋᑎᒃ?

ᐃᓗᐊᖅᓴᐃᔨ ᐅᕐᑲᐅᑎᓗᒍ ᕿᑐᕐᖓᕐᒋᑦ ᐃᕙᓘᓐᓃᑦ ᐅᑯᓄᖓ ᐃᒪᐃᔾᔪᑎᖃᕈᓂ:

- ᑎᒦᑦ ᐱᐅᒃᓴᖕᒋᐸᑉᐸᑦ thimerosal, formaldehyde, Triton® -100 ᐅᕝᕙᓘᓐᓃᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᑲᐱᓯᐅᔪᖅᑲᖅᑎᓪᓗᒍ ᐃᓅᓕᓴᐅᑎᓕᖕᒧᑦ.
- ᓱᕗᓂᐊᓂ ᑎᒥᑦ ᐱᐅᒃᓴᖕᒋᕐᔪᐊᓂᕈᓂ ᑲᐱᓯᐅᑎᓪᓗᑎᑦ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐊᐅᒍᑎᒋᓗᐊᒃᑲᓐᓂᕈᕕᐅᒃ.
- Guillain-Barre Syndrome (GBS –ᓄᑭᖃᕈᓐᓃᕐᓇᖅᑐᒧᑦ ᐋᓐᓂᐊᕈᑕᐅᔪᓐᓇᖅᑐᖅ) ᐱᓇᓱᐊᕈᓰᑦ 6 ᑲᐱᓯᐅᓚᐅᖅᑎᓪᓗᒍ ᓄᕙᓗᐊᕐᓂᕐᒧᑦ ᐃᓅᓕᓴᐅᑎᓕᖕᒥᒃ.
- ᐋᓐᓂᐊᕐᔪᐊᓕᕐᓗᑎᑦ ᐆᑎᕐᓇᕐᔪᐊᓕᕈᕕᑦ.

ᑭᓱᑦ ᐊᑦᑕᕐᓇᕈᑕᐅᓇᔭᖅᐸᑦ ᐃᓅᓕᓴᐅᑎᓕᖕᒧᑦ ᑲᐱᓯᐅᖕᒋᒃᑯᓂ?

4000-ᒥᑦ–8000-ᒧᑦ ᑲᓇᑕᒥᐅᑦ ᑐᕐᑯᕙᒃᑐᑦ ᑕᒪᑐᒧᖓ ᓄᕙᒡᔪᐊᕈᑕᐅᕙᒃᑐᒧᑦ. ᐅᓄᖅᑐᑦ ᖃᓂᒻᒪᖅᑲᑦᑕᖅᐳᑦ ᑲᒪᒋᔭᐅᓴᓇᐊᖅᑲᓕᖅᓱᑎᒡᓗ ᐋᓐᓂᐊᕕᖕᒥ. ᐃᒥᓂᒃ ᓴᐳᑎᓯᒪᒋᑦ, ᕿᑐᕐᖓᑎᑦ ᓄᓇᓯᓪᓗ ᑕᓯᒥᖕᒐ ᐋᓐᓂᐊᖅᑖᕐᑯᓇᕆᑦ.

Fluzone® ᐃᓅᓕᓴᐅᑎᓕᖕᒧᑦ ᑲᐱᓯᐅᓴᕗᖅᑎᓪᓗᒋᒃ ᑲᒪᒋᔭᐅᓂᖅ
• ᐃᓅᓕᓴᕋᓱᓕᕐᓂᕈᕕᑦ ᐆᑎᕐᓇᕐᓗᑎᑦ ᓄᑭᒃᑎᓪᓗ ᐋᓂᐊᑲᑦᑲᑕ, ᐄᔭᒐᕈᓇᖅᐳᑎᑦ ᓂᐊᕐᑯᖅᓯᐅᑎᒥᒃ(Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ Ibuprofen (Advil Motrin). ᓄᑕᖅᑲᓂᒃ ᐄᔭᒐᖅᑎᑦᑎᓂᐊᕈᕕᑦ ᐃᓗᐊᖅᓴᐃᔨᐅᑉ ᒪᓕᑦᔭᕐᒋᑦᑎᒍᑦ ᐄᔭᒐᖅᑎᑦᑎᓗᑎᑦ ᐅᕝᕙᓘᓐᓂᑦ ᓇᓗᓇᐃᖅᓯᒪᔪᑦ ᐄᔭᕐᑲᕐᑲᐅᑎᒥ ᒪᓕᒡᓗᑎᑦ.
• ᓂᐊᕐᑯᖅᓯᐅᑎᑦ Aspirin-ᓚᓯᒪᔪᑦ **ᑐᓂᔭᐅᕆᐊᖃᖕᒋᑦᑐᑦ** ᑐᖕᒑᓂ 20 ᐊᕐᕌᒎᓕᑦ ᐊᑦᑕᕐᓇᕐᓂᖕᒐᓄᑦ Reye Syndrome, , ᖃᕋᓴᕐᒧᑦ ᐱᐅᔪᓐᓂᑲᐅᑎᕆᓇᕐᒪᑦ ᐊᒻᒪ ᑐᕐᑯᔾᔪᑕᐅᔪᓐᓇᖅᓱᓂ.
• ᐃᑉᐱᖕᓂᐊᕐᔪᐊᓕᕐᓂᕈᕕᑦ ᓲᕐᓗ ᖃᖅᓱᐃ ᐳᓪᓕᕐᓗᓂ/ᖃᓂᒃᑯᓪᓗ, ᐱᖑᔭᓕᕐᓂᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᖅᓱᕐᓗᑎᒃ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᒧᐊᕐᓗᑎᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕕᖕᒧᓪᓗᓐᓃᑦ.
• ᐊᐱᖅᑯᑎᒃᓴᖃᑐᐊᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒫᓗᒃᑯᕕᓘᓐᓃᑦ ᑲᐱᓯᐅᖃᐅᓯᕐᓄᑦ ᖃᓄᐃᓕᒃᑳᓪᓚᒡᓗᑎᑦ, ᐃᓗᐊᖅᓴᐃᔨᒧᑦ ᐅᕐᑲᓪᓚᖅᑎᖅᑲᕐᓗᑎᑦ.

Kanqikhidjut

Fluzone® Quadrivalent Influenza-mik Kapukhirniq (QIV)

Hunauyuq Influenza (flu)?

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

Naunairutiit ilaqaqtun imailigaiguvit, kidjakkuvit, qalakhuruvit, niriumayungnaiqhutik, ullugiahulikhutiklu timingat, igiaqliukhutik, unaguhukhulikhutiklu.

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

Kitkun pittaaqtun kapukhirnirnik?

Inuit kituliqaak inuuhiqaqtun avatquhimayunik 6 tatqiqhiutiqaqtunit kapuqhiriaqaqtun fluulaitkutikhamik.

Nutaqqat nukakhiit nainik ukiuqaqtunit, kapuqhiktut hivulliqpaamik, kapuqhiqtauyukhat malruiqtuqhutik, taima 4nik havainirnik avatqutkaaqlugu, munagiyauyarangat.

Hunauvat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutigivagait Nunavunmiutat aannialaitkutikhamingnik Influenza-mit

Ikayuutigivakgtait nunallaamiutat tahapkuallu aanniaqtaaqtut ayuqhautikaglutiklu aanniarutimit.

Influenza aanniaryuaqnaqtuq ilaani aanniarvingmungaqtitivaktuq ilaillu aanniaqtut tuqquvakhutik, tapkunungaluaq aanniaqtaaqtunuanut.

Tamna Fluzone® QIV qayangnaitkaluaqqa?

Hii. Naunaitqiaq ayurnautikhangit imaatun itun uluriahungniq aupadjaligluni kapurhirviani. Ilani kidjarnaqtuq, unnaguhulikhunillu, nuaquqlikhuni, aannirnalaqiplunillus. Una naunaitkutarivlugutauk timit ikayuutikhaliuliktumik (antibodies) ukununga aanniarutinut. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinut, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik.*Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. Munarhiqarvikmiittughauyutit 15 minutes-ni kapukhiruvit humiklikaak. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik?

Uqaqatiyakhaat munakhit nutaqqaat hapkuninga pihimakpat:

- Timimut nakuunngirutiqaqtunut havautinit thimerosal-nik, formaldehyde-nik, Triton® X-100-nik taimaituqaqqata kapuutingit havautimik.
- Kinguagullu nakuuhuirutigikpiakhimayaqaqtuq kapukhirnirminit.
- Hunamitliqaak aunnagyualaqivautigyatit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaiqata) taima siksini havainirni kapukhirnirmingnit.
- Aanniarutiqaqqan kidjautiqaqhimayumik.

Hunauva ayurnautigiyangit kapukhingitkumi fluulaikutikhamik kapuutikhanik?

Nallauttaaqhimayut taimatut 4000 – 8000 Kanatamiutat tuqquvaktut ukiuk tamaat Influenza-min. Amigaitqiyan aannialirangamik aanniarvingmungaqtitauvakhutiklu ikayuqtikhaqarnirmun. Aanniaqtailidjutikharnik ilingnut, nutaqqatillu nunaqatitilu haffumanga aanniarunmit pittailitikhaqaqtut.

Fluzone® Kapuqhirniq Munaridjutikhaq
• Kidjagyuarnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaaqtutit niaquqhiutit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit. • Aspirin (ASA) **tuniyakhaungittuq** inungnut kimutliqaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutinikniarungnaqhingmata uuminga Reye Syndrome, taima qillaminuaq hunngiutiniaqtun qaritarmun tuqulutikluuniit. • Ayuqhautiqaruvit aanniarutinut ukunatut puvitpata qanniq/umilruk, uvinigliruvit qiqilirlutitluuniit munaqhiliaktukhauyutit aanniarvingmulluuniit qilamiuglutik. Apiqhuutikhaqaruvit, ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut, uqagvigilugu munaqhit.

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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

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

For the person receiving the vaccine, please answer:

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

<u>If you ✓ Yes to any above, please discuss with nurse.</u>

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

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	____/____/____ dd mm yyyy		0.5 mL	IM	**FLUZONE® QIV**		
2	____/____/____ dd mm yyyy		0.5mL	IM	**FLUZONE® QIV**		

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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?	☐ Oui ☐ Non
2	Avez-vous déjà ressenti les effets suivants à la suite de l'administration d'un vaccin contre la grippe ? (veuillez ✓ toute case pertinente) : Aucun ☐ Respiration sifflante ou serrement de poitrine ☐ Oui ☐ Non Enflure de la bouche ou de la gorge ☐ Oui ☐ Non Syndrome de Guillain-Barré ☐ Oui ☐ Non Difficulté à respirer ou à avaler ☐ Oui ☐ Non Hospitalisation ☐ Oui ☐ Non Autre réaction sévère ☐ Oui ☐ Non (veuillez préciser): ____________	
3	Souffrez-vous de saignements ? Prenez-vous des médicaments pour éclaircir le sang ?	☐ Oui ☐ Non ☐ Oui ☐ Non
4	Êtes-vous allergique à ? (veuillez ✓ toute case pertinente) : Thimérosal ☐ Oui ☐ Non Formaldéhyde ☐ Oui ☐ Non Triton® X100 ☐ Oui ☐ 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	**FLUZONE® QIV**		
2	____/____/____ jj mm aaaa		0.5ml	IM	**FLUZONE® QIV**		

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ᐊᕐᕿᒍᒥᒃᓴᖅ ᓄᓇᓕᐊᕐᓂᕐᒧᑦ ᐊᖏᕈᑎᑎᒃ ᑕᑕᑎᑲᕐᕋᖅ
ᑲᐱᖅᓯᓂᖅ ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒥᒃ ᐊᐅᓚᐊᓱᒪᓕᕐᓂᕐᒧᑦ)

ᑲᐱᖅᓯᓕᕐᒥᑦ ᑭᐱᖅᑲᓱᒪᓕᐊᓕᓪᓚ:

1	ᐅᓪᓗᒥ ᖃᐅᓕᒫᑦ?	☐ᐃ ☐ᐊᐅᒃ
2	ᐅᑯᓂᖏᑦ ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒧᑦ ᑲᑎᒪᔨᖃᑦᑕᒫᓂ (ᑕᑕᑎᖃᑕᐃᓐᓇᓚᓗᒋᑦ ✓):	ᐃᓕᓐᓇᐃᑕᐅᕙᖏᓚᐅᑎᓪᓗᒍ ☐
	ᐊᓂᖃᑎᒌᓚᖃᑦᑕᕙᒃᑕᑦ ᐅᖃᓕᓴᐅᓂᑦ ᐃᓕᓴᐃᓐᓇᐃᓕᓂᖃᑦᑕᕙᒃᑕᑦ ☐ᐃ ☐ᐊᐅᒃ ᖃᓂᒋᓗᒃᑕᑦ ᐅᖃᓕᓴᐅᓂᑦ ᐃᑎᕐᓇᐃᓗᓗᒃᑕᑦ ☐ᐃ ☐ᐊᐅᒃ Guillain-Barré Syndrome ☐ᐃ ☐ᐊᐅᒃ	ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒧᑦ ᐅᖃᓕᓴᐅᓂᑦ ᓴᓇᖅᑐᓂᒃᑯᓂᖃᑦᑕᕙᒃᑕᑦ ☐ᐃ ☐ᐊᐅᒃ ᐊᐅᓪᓛᖅᓯᒪᔪᖃᑦᑕᐅᓕᐅᕙᖏᓚᐅᑎᑦ ☐ᐃ ☐ᐊᐅᒃ ᐊᓕᕐᓂᓗ ᐃᒃᐱᖓᓇᐃᔨᐊᕙᖏᓐᓄᑦ ☐ᐃ ☐ᐊᐅᒃ (ᓇᓗᓇᐃᔨᓗᒍ): _____
3	ᐊᐅᑲᑕᖃᑦᑕᕙᒃᑐᑦ? ᐊᐅᖓᓄᑦ ᒥᓂᔪᐊᕈᑎᖃᖏᓚᐅᑎᑦ?	☐ᐃ ☐ᐊᐅᒃ ☐ᐃ ☐ᐊᐅᒃ
4	ᐃᓕᓴᐃᓄᑦ ᐱᐅᒃᖏᕐᕕᐃᑦ (ᑕᑕᑎᖃᑕᐃᓐᓇᓚᓗᒋᑦ ✓): ᑎᒥᐅ ☐ᐃ ☐ᐊᐅᒃ ᐅᒪᑎᓐᕼᐊᑕ ☐ᐃ ☐ᐊᐅᒃ ᑎᓚᐅᑕᓐ X100 ☐ᐃ ☐ᐊᐅᒃ	

ᓇᓕᐊᖏᓂᑐᐃᓐᓇᖅ ᖃᐅᔨᓴᕐᓂᑐᒥᒃ ᑎᑎᕋᕐᑐᐃᓐᓇᐅᒃ ᐃᓚᓐᓇ ✓ ᐊᐅᓪᓛᐊᓱᖃᑎᒌᓚᑦ ᐅᖃᖃᑎᖃᖅᓯᓚᖅᑕᑦ.

ᐊᖏᕈᑎᑎᒃ ᑲᐱᖅᑐᓂᓂ ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒧᑦᑎᒋᑦ:

ᐅᖃᓕᒫᓚᖃᐅᔾᔨᖅ ᓇᓂᐃᐃᖅᓯᒪᔭᓂᔪᓂᓂᐅᓂᑦ ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒥᒃ ᑲᐱᖅᑐᓂᖅ. ᐊᐱᓚᓱᓇᓐᓇᖅᓯᖃᐅᔾᔪᑎᒃ. ᑭᐅᓱᔾᔪᑎᒃ ᑲᐱᖅᑐᒍᓚᑦ ᐃᑲᔪᐃᑎᑐᐊᓱᓇᖅᑐᑦᑐᒃ ᐊᑕᑦᓇᓗᐃᓐᓇᓚᐊᖅᑐᓂᓗᓂᓗ. ᐅᖃᓕᔾᔪᑎᒃ ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒥᒃ
ᐅᒧᐊᖅ: ☐ ᖃᑭᑐᖅᓄᓂᑦ, ☐ <<ᑕᑦᓂᒃ ᐅᖃᓕᓴᐅᓂᑦ ☐ ᐅᖃᖅᓱ

_____

ᐊᑎᑕᐅᑦᓗᑎᑦ ᐊᑎᑕᐅᑭᔪᐊ ᐊᓪᓛᖅᑲᓇᐊᖏᑐᒧᑦ ᐅᖃᓕᓴᐅᓂᑦ ᐊᖓᔪᓂᖏᑐᐃᓐᓇᐅᒃᑐᓂᔪᐅᔪᒧᑦ/ᐸᖏᑭᐅᒧᑦ ᐅᓪᓗᖏᑦ (ᐅᓪᓗᖏᑦ/ᑕᖏᑭᖏᑦ/ᐊᕐᕿᒍᒧᑦ)

ᓱᑭᓱᑦ ᐊᐅᓂᖓᓂᒃ ᐅᑭᐅᓪᓚ 2 ᐊᓯᒪ 9 ᑐᖓᔪᓂᒃ, ᑲᐱᖅᑐᓕᐅᖏᓴᐅᔪᑎᒃᑕᑐᒃ ᓄᓇᓕᐊᖏᓪᓗᒧᑦ, ᒪᑭᑕᐃᖏᓱᓕᔪᒍ ᐃᓕᖏᑦᓗᓂᓂ, ᑎᑎᒪᓂᒃ ᐱᓇᓱᐊᑭᓱᖓᓂᒃ ᖁᖓᑎᐅᑎᐅᓵᕐᓂ. ᐃᖓᐅᑦᓕᓂᒃᑐᑦ ᐊᐅᓚᑦᑎᐊᑎᒃ ᐊᑐᐊᖅᑐᓂᒃ ᐊᑕᑦᓇᓗᐃᓐᓇᓚᐊᖅᑐᓂᓗᓂᓗ. ᐅᖁᓇᖓᓂᒃ ᐊᓯᖏᓪᓗᒍ ᐃᓕᓴᐃᓐᓇᐃᓕᓂᖃᑦᑕᕙᒃᑕᑦ ᐊᑕᑦᓇᓗᐃᓐᓇᓚᐊᖅᑐᓂᓗᓂᓗ.

ᑕᖃᖏᓂᒃ 4-ᓂᒃ ᐅᑭᐅᖃᓕᐅᕙᖏᓚᐅᑎᑦ ᓂᕆ							
ᐃᓗᓕᖏᑦ	ᐅᓪᓗᐊ	ᐃᑲᖅ	ᐃᓗᓕᖏᑦ	ᓇᐅᑲᓂ	ᑲᓐᓂ	ᓇᓕᖃᖏᓕᒫᑦ ᐃᓱᓂᖏᓕ	ᐊᑎᑕᐅᓂ ᓇᒻᓂᖏᓗ
1	_____/_____/_____ ᐅᓪᓗᖏᑦ ᑕᖃᑭᖏᑦ ᐊᕐᕿᒍᒧᑦ		0.5 mL	IM	ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒥᒃ ᑲᐱᖅᑐᓂ		
2	_____/_____/_____ ᐅᓪᓗᖏᑦ ᑕᖃᑭᖏᑦ ᐊᕐᕿᒍᒧᑦ		0.5mL	IM	ᓄᓇᓕᐊᖏᓴᐅᔪᑎᒥᒃ ᑲᐱᖅᑐᓂ		

ᐊᓐᓂᐊᖅᑐᕐᓂᖅᓴᓇᕐᓂᖅᓯᐅᑏᑦ
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Ministère de la Santé

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

Tapkununga inungnun kapuqhiqnahuaqtun, kiulugit ukuat:

1	Anniaqtutin ublumi? ☐Hii ☐Imanaq
2	Imailivakpin inuhirni kapuqhiguigaangavit (naunaitkuhiqlugit ✓kitut aulayut ilingnun): Piqangituq ☐ Aniqnit tuhaanaqtuq qatigat hukatiqtuq ☐Hii ☐Imanaq Puvipkakhuni Qanit igiatluuniit ☐Hii ☐Imanaq Guillain-Barré Aanniarutiqaqqin ☐Hii ☐Imanaq Ayuqhaliqhunik aniqhaagiangat iihigiyaangatluuniit ☐Hii ☐Imanaq Aanniarvingmiitpakpin ☐Hii ☐Imanaq Allamik ayungnautiqaqpakpin ☐Hii ☐Imanaq **(naunaiqlugit**): ____________________
3	Auligaangavit ayungnautiqaqqin? ☐Hii ☐Imanaq Aukkut havautikharnik atuinaqtutin? ☐Hii ☐Imanaq
4	Inuuhit ayungnautiqaqtuq ukuninga (naunaitkuhiqlugit ✓kitut aulayut ilingnun): Thimerosalnik ☐Hii ☐Imanaq Formaldehydenik ☐Hii ☐Imanaq Triton® X100nik ☐Hii ☐Imanaq

Naunaiyaiguvit ukuninga ✓ Hii-mik titiraqhimayut qullani, munarhit uqaqqatigilugit.

ANGIRUTIKHAQ FLUZONE® Quadrivalent-mik:

Taiguqtaga piqaqpaktungaluuniit *FLUZONE® Quadrivalentmik Kangiqhidjutikhangit* ilitugipkakhimayuq uvamnun. Apiqhuivaktunga taima apigiyatka kiutauvaktun ihuagiyamingnik. Ilihimayatka pidjutikhat ayungnautitlu kapukhiqnikkut.
Angirutigiyaga FLUZONE® Quadrivalentmik tuniyaanga: ☐ Nuttaramnun, ☐ Havagvimnn unaluuniit ☐ Uvamnun

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

Nuttaqqat ukiuqaqtun 2nik ukiuqangitunikluuniit 9nik, kapuqhigiikhimayut talvanga kapuutmik, kapukhiqtauyukhat, 4 havainirnik qangiutigumik.
Taimaittiaq atauhiinaqmik namaktugaluaq.

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