

11.0 Specialized and Annual Immunization Protocols (in alphabetic order)

- **COVID-19**
 - Moderna Spikevax
- **Influenza**
 - Flumist
 - Fluzone High-Dose
 - Fluzone
- **M-Pox**
 - IMVAMUNE
- **Nirsevimab for Respiratory Syncytial Virus (RSV) prevention**
 - BEYFORTUS®
- **Rabies**
 - Imovax® 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
 - Rabies Immune Globulin Fact Sheet
 - Appendix A - Injection Technique for Rabies Immune Globulin (Rablg)
 - Rabies Immune Globulin Fact Sheets
 - Post Exposure Prophylaxis Schedule

Moderna Spikevax® COVID-19 Immunization Protocol

Purpose	Provide information and guidance for the COVID-19 Immunization Program in Nunavut.											
Objective	To decrease severe illness and death related to COVID-19 infection.											
Indication	Active immunization against coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus in individuals 6 months of age and older.											
Eligibility	All previously vaccinated and unvaccinated individuals (6 months of age and older).											
Product	Moderna Spikevax® COVID-19 mRNA vaccine Omicron XFG variant.											
Vaccine type	mRNA vaccine [COVID-19 mRNA vaccine, Monovalent]											
Vaccine components	Medicinal ingredients: Each 0.5 mL dose contains 50 mcg of mRNA encoding SARS-CoV-2 spike protein, 5'(m7G-5'-ppp-5'-Gm) cap, 100-nucleotide 3' poly(A) tail of the Omicron variant XFG strain. Non-medicinal ingredients: Acetic acid, Cholesterol, DSPC (1,2-distearoyl-sn-glycero-3-phosphocholine), SM-102 (Heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate), PEG2000-DMG (1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000), Sodium acetate trihydrate, Sucrose, Trometamol, Trometamol hydrochloride, Water for injection.											
Formats available	Multidose vials: <table><tr><th>Presentation</th><th>Volume in vial</th><th>Number of 0.5 mL doses</th><th>Number of 0.25 mL doses</th></tr><tr><td>0.1 mg/mL</td><td>2.5 mL</td><td>5</td><td>10</td></tr></table>				Presentation	Volume in vial	Number of 0.5 mL doses	Number of 0.25 mL doses	0.1 mg/mL	2.5 mL	5	10
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0.1 mg/mL	2.5 mL	5	10									
Manufacturer	Moderna Biopharma Canada Corp. 155 Wellington St. W, Suite 3130 Toronto, ON M5V 3H1											
Administration	Review the Nunavut Immunization Manual (for routine immunizations) – Section 3.3 Administration of Biological Products for guidance on preparing and administering immunizing agents. Section 3.0 Spikevax® must not be reconstituted, mixed with other medicinal products, or diluted. No dilution is required prior to administration. Spikevax® is a white to off-white dispersion. It may contain white or translucent product-related particulates. Visually inspect Spikevax® vials for foreign particulate matter and/or discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered. Administer Spikevax® intramuscularly (IM) only. The preferred site is the deltoid muscle of the upper arm, or in infants and young children, the anterolateral aspect of the thigh. A needle length of ≥1 inch should be used as needles <1 inch may be of insufficient length to penetrate muscle tissue in some adults.											

Dose Series	Dosing summary table:				
	Age Range	COVID-19 Vaccination History	Dose(s)	Dose Vol.	Additional info
	12 years of age or older	Not previously vaccinated OR Previously vaccinated	1 dose: 50 mcg	0.5 mL	If previously vaccinated with a COVID-19 vaccine, Spikevax is given at least 6 months* after a previous COVID-19 vaccine dose.
	5 to 11 years of age	Not previously vaccinated OR Previously vaccinated	1 dose: 25 mcg	0.25 mL	If previously vaccinated with a COVID-19 vaccine, Spikevax® is administered at least 6 months* after receipt of a previous COVID-19 vaccine dose.
	6 months to four years of age	Not previously vaccinated	2 doses: 25 mcg	0.25 mL	Two-dose series of 25 mcg Spikevax® is administered 4 weeks apart.
		Previously vaccinated; 1 or more previous doses	1 dose: 25 mcg	0.25 mL	For individuals who received 1 or more previous doses of COVID-19 vaccine, Spikevax® is administered intramuscularly as one dose of 25 mcg at least 6 months* after receipt of the previous COVID-19 vaccine dose. If the child has received only 1 (one) prior dose of a COVID-19 vaccine, Spikevax® should be administered to complete the two-dose series.
	* The following individuals should receive a second dose of COVID-19 vaccine per year, with a minimum interval of 3 months between doses. Please contact RCDC for guidance if needed. • Adults 65 years of age or older • Adult residents of long-term care homes and other congregate living settings for seniors • Individuals 6 months of age and older who are moderately to severely immunocompromised due to an underlying condition or treatment. Note: For those with a test-confirmed SARS-CoV-2 infection, the interval that can be considered from infection to vaccination in the primary series is the same as the recommended intervals between COVID-19 vaccine doses (8 weeks for those who are not moderately to severely immunocompromised, and 4 to 8 weeks for those who are moderately to severely immunocompromised). For those who are previously vaccinated and who test positive for SARS-CoV-2, a minimum of 3 months from test-confirmed infection to COVID-19 vaccination may be considered.				
Vaccine interchangeability	If readily available, the same mRNA COVID-19 vaccine product should be offered for the subsequent dose in a vaccine series started with an mRNA COVID-19 vaccine. However, when the same mRNA COVID-19 vaccine				

	product is not readily available, or is unknown, another mRNA COVID-19 vaccine product recommended for use in that age group can be considered interchangeable and should be offered to complete the vaccine series.
Concomitant Administration	COVID-19 vaccines may be given concurrently (i.e., same day), or at any time before or after non-COVID-19 vaccines (including live and non-live vaccines) in different anatomical sites with separate injection equipment.
Drug interactions	Tuberculin Skin Testing (TST) & Interferon Gamma Release Assay (IGRA) There is a theoretical risk that mRNA vaccines could temporarily affect cell-mediated immunity, resulting in false-negative TST or IGRA test results. However, there is no direct evidence for this interaction. Therefore, in the absence of data and acknowledging the importance of both timely tuberculosis testing and immunization, vaccination with COVID-19 vaccines may take place at any time before, after or at the same visit as the TST or IGRA test. Repeat tuberculin skin testing or IGRA (at least 4 weeks post- COVID-19 immunization) of individuals with negative TST or IGRA results for whom there is high suspicion of latent tuberculosis infection. Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed. A TST given prior to or at the time of vaccination does not affect either the response to the COVID-19 vaccine or the risk of adverse reactions to the vaccine. In general, Nunavummiut at high risk for active or latent TB infection should continue to be investigated and managed according to the usual practices as outlined in the Nunavut TB manual.
Contraindications	Spikevax® is contraindicated in individuals who are hypersensitive to the active ingredient or to any ingredients in the formulation, including any non-medicinal ingredient, or component of the container. Consult RCDC for guidance if needed.
Precautions and Additional Notes	Hypersensitivity and Anaphylaxis Anaphylaxis has been reported in individuals who have received Spikevax®. As with all vaccines, appropriate medical treatment, training for immunizers and supervision after immunization should always be readily available in case of a rare anaphylactic event following the administration of this vaccine. Subsequent doses of the vaccine should not be given to those who have experienced anaphylaxis to an earlier dose of Spikevax®. Please see Anaphylaxis section below. Cardiovascular Myocarditis and Pericarditis Very rare cases of myocarditis and/or pericarditis following vaccination with Spikevax® have been reported during post-authorization use. There is an increased risk for myocarditis and pericarditis following vaccination with Spikevax®, primarily within 14 days of vaccination and more often in young male adults. These events have been observed more often after the second dose compared to the first dose and less often after subsequent doses.

	Available data suggests that the symptoms resolve in most individuals following standard treatment and rest, but information on potential long-term sequelae is not yet available. Some reported cases required intensive care support. Although causality has not been established, fatal events have been very rarely reported. Post-authorization data indicate that myocarditis and pericarditis following vaccination is more commonly of shorter duration and less severe than infectious myocarditis or pericarditis. The decision to administer Spikevax® to an individual with a history of myocarditis or pericarditis should consider the individual's clinical circumstances. Consult RCDC for guidance. Healthcare professionals are advised to consider the possibility of myocarditis and/or pericarditis in their differential diagnosis if individuals present with chest pain, shortness of breath, palpitations or other signs and symptoms of myocarditis and/or pericarditis following immunization with a COVID-19 vaccine. This could allow for early diagnosis and treatment. Cardiology consultation for management and follow-up should be considered. Vaccinees should be instructed to seek immediate medical attention if they develop the signs or symptoms indicative of myocarditis or pericarditis as described above. Acute Illness Consideration should be given to postponing immunization in persons with severe febrile illness or severe acute infection. Persons with moderate or severe acute illness should be vaccinated as soon as the acute illness has improved. Hematologic-Bleeding As with other intramuscular injections, Spikevax® should be given with caution to individuals with bleeding disorders, such as haemophilia, or individuals currently on anticoagulant therapy, to avoid the risk of haematoma following the injection, and when the potential benefit clearly outweighs the risk of administration. Immune Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the vaccine.
Special Populations	Pregnancy and breastfeeding Women and individuals who are pregnant or breastfeeding are recommended to be vaccinated. For both unvaccinated and previously vaccinated individuals, COVID-19 vaccines can be given at any stage of pregnancy.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage and Handling	<u>Storage of unpunctured vials prior to use</u> Moderna Spikevax® vials should be stored between -50° to -15° until needed. Store in the original carton to protect from light.

	• Vials can be stored refrigerated between 2° to 8°C for up to 60 days prior to first use. • Unpunctured vials may be stored between 8° to 25°C for up to 12 hours. • Do not refreeze once thawed. <u>Thawing vials</u> The SPIKEVAX multidose vial contains a frozen dispersion that does not contain a preservative and must be thawed prior to administration. Remove the required number of vial(s) from storage and thaw each vial before use. <table><tr><th>Presentation</th><th>Thaw time under refrigeration between 2° to 8°C</th><th>Thaw time at room temperature between 15° to 25°C</th></tr><tr><td>0.1 mg/mL</td><td>2 hours</td><td>45 minutes</td></tr></table> After thawing, do not refreeze. <u>Storing and handling thawed punctured vials</u> SPIKEVAX is preservative-free. Once the vial has been entered (needle-punctured), it can be stored at room temperature but must be discarded after 12 hours of total room temperature exposure. OR Refrigerated, but must be discarded after 24 hours of continuous refrigeration. Do not refreeze. <u>Disposal of unused vaccine</u> Any unused vaccine should be placed in a biohazard sharps container and disposed of using usual regional organizational processes. Report vaccine cold chain breaks immediately to the regional pharmacy and RCDC according to the guidance in Section 3.1.2 of the Nunavut Immunization Manual. Section 3.0	Presentation	Thaw time under refrigeration between 2° to 8°C	Thaw time at room temperature between 15° to 25°C	0.1 mg/mL	2 hours	45 minutes
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0.1 mg/mL	2 hours	45 minutes					
Consent	Informed verbal consent must be obtained from the client or parent/guardian and appropriately documented in Meditech prior to vaccination. Refer to the Nunavut Immunization Manual (for routine immunizations) – Section 3.2 to review the principles of informed consent. Section 3.0						
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Section 3.7 Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide. Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide - Canada.ca						

Side Effects	Post-market safety surveillance data suggests that updated COVID-19 vaccines are tolerated with a similar safety profile as original mRNA COVID-19 vaccines. Local Pain, redness, and swelling at the injection site, localized lymphadenopathy. Systemic Fatigue, headache, muscle pain, chills, and joint pain were all either common or very common after the administration of any authorized COVID-19 vaccine. The most frequent reactions reported for children aged 6 months to 2 years included irritability or crying, sleepiness, and loss of appetite. These reactions are common after childhood vaccination. Myocarditis and/or pericarditis following vaccination with mRNA and other COVID-19 vaccines Rare cases of myocarditis (inflammation of the heart muscle) and/or pericarditis (inflammation of the lining around the heart) have been reported following vaccination with mRNA and protein subunit COVID-19 vaccines. Healthcare providers should consider myocarditis/pericarditis in their evaluation if the patient presents with clinically compatible symptoms (e.g., chest pain, shortness of breath, palpitations) after a COVID-19 vaccine regardless of timing from vaccination to symptoms onset. Bell's palsy Very rare cases of Bell's palsy (typically temporary weakness or paralysis on one side of the face) have been reported following vaccination with mRNA COVID-19 vaccines among individuals aged 12 years and older. Symptoms of Bell's palsy appear suddenly and generally start to improve after a few weeks. The exact cause is unknown. It's believed to be the result of swelling and inflammation of the nerve that controls muscles on the face. Individuals should seek medical attention if they develop symptoms of Bell's palsy following receipt of COVID-19 vaccines. Healthcare providers should consider Bell's palsy in their evaluation if the patient presents with clinically compatible symptoms after a COVID-19 vaccine Multisystem inflammatory syndrome in children or in adults (MIS-C or MIS-A) following vaccination with an mRNA COVID-19 vaccine Multisystem inflammatory syndrome in children (MIS-C) is a rare condition which usually occurs 2 to 6 weeks after a child is infected with SARS-CoV-2. MIS-C causes inflammation in various parts of the body, including the heart, lungs, kidneys, brain, skin, eyes and/or gastrointestinal tract. MIS-C is rare and requires hospitalization, but most children recover. Multisystem inflammatory syndrome in adults (MIS-A) is a similar syndrome that very rarely affects adults.
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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: Report of adverse events following immunization (AEFI) (canada.ca) - An Incident Report should be submitted via Meditech for reporting medication errors and other events. If there is an AEFI and a vaccination error, both AEFI and an Incident Report form should be completed. All completed forms should be emailed or faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-2409
Materials and Resources	All protocols and materials are available on the Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease Manual: COVID19 Public Health Protocol Nunavut Immunization Manual COVID-19 Vaccination fact Sheet
References	1. National Advisory Committee on Immunization (NACI) statement (2025). Guidance on the use of COVID19 vaccines starting fall 2026 Retrieved from: HP40-376-2026-1-eng.pdf 2. Public Health Agency of Canada (2026). Canadian Immunization Guide Chapter 4 – COVID-19 Vaccines. Retrieved from: COVID-19 vaccines: Canadian Immunization Guide - Canada.ca 3. Moderna (2025). Spikevax® COVID-19 mRNA vaccine product monograph. Retrieved from: 3fdb383d-75df-4fdc-9c55-60253d6942c8_viewable_rendition_v.pdf

Information Sheet

Spikevax COVID-19 Vaccine

Please read this information sheet carefully and ask a healthcare provider any questions before receiving the vaccine.

What is the Spikevax COVID-19 vaccine?

The Spikevax vaccine provides protection against the most recently circulating strains of COVID-1. It is currently recommended for most Nunavummiut to receive it once a year in the fall.

The COVID-19 vaccine causes our body to produce protection against severe illness and hospitalization from COVID-19.

You cannot get COVID-19 from this vaccine.

Who should get a COVID-19 vaccine?

COVID-19 vaccines are free and available to Nunavummiut 6 months of age and older.

COVID-19 vaccines are safe for people who have had COVID-19. Please let a health care provider know if you had COVID recently as this may affect the date you are eligible for your next dose of a COVID-19 vaccine.

You might not be vaccinated today if:

- It has been less than 12 months since your last COVID-19 vaccine.
- It has been less than 6 months since you had a COVID-19 infection that was confirmed by a lab test.
- You are allergic to one of the components of the vaccine.
- You had a serious allergic reaction to a previous dose of COVID-19 vaccine and appropriate follow-up has not yet been completed.

How safe are COVID-19 vaccines?

The vaccine is safe. Canada has one of the most rigorous vaccine approval systems in the world. During vaccine development, studies provide information on the safety of a vaccine as well as how effective it is in developing immunity.

What are the side effects of COVID-19 vaccines?

The most common side effects that people get after receiving a COVID-19 vaccine are minor and include:

- Pain, redness or swelling where the injection was given
- Fatigue, headache, muscle pain, joint pain, nausea/vomiting, fever and chills
- Swelling and tenderness in the underarm of the vaccinated arm

These side effects usually disappear within 1-3 days without treatment. If they do not go away, call the health centre.

Very rare adverse events may occur such as an extreme allergic reaction or inflammation of the heart muscle or lining around the heart. Symptoms of an allergic reaction include hives (bumps on the skin that are often very itchy), swelling of your face, tongue or throat, or difficulty breathing. The clinic staff are prepared to manage an allergic reaction should it occur and will provide immediate medical care if you develop any of these symptoms. Symptoms of myocarditis or pericarditis (inflammation of the heart muscle or lining around the heart) include chest pain, shortness of breath, and palpitations. Please contact the health centre if you experience any of these symptoms after COVID-19 vaccination.

Feuille d'information

Vaccin contre la COVID-19 Spikevax

Veillez lire attentivement cette feuille d'information et poser toute question que vous auriez à votre prestataire de soins de santé avant de recevoir le vaccin.

Qu'est-ce que le vaccin contre la COVID-19 Spikevax?

Il s'agit d'un vaccin qui offre une protection contre les récentes souches de la COVID-19 qui circulent actuellement. vaccin contre la COVID-19. À l'heure actuelle, nous recommandons à la plupart des Nunavoises et Nunavois de le recevoir une fois par année à l'automne.

En recevant un vaccin contre la COVID-19, le métabolisme se met à produire des anticorps qui empêchent d'être gravement malade et de se faire hospitaliser si on contracte la COVID-19.

Le vaccin comme tel ne peut pas provoquer la COVID-19.

Qui devrait se faire vacciner contre la COVID-19?

Les vaccins contre la COVID-19 sont gratuits et offerts aux Nunavoises et Nunavois de 6 mois et plus.

Ces vaccins sont sans danger pour les personnes qui ont déjà eu la COVID-19. Si vous avez récemment contracté la COVID, veuillez en informer votre prestataire de soins de santé, car cela peut avoir une incidence sur la date à laquelle vous pourrez recevoir votre prochaine dose de vaccin contre la COVID-19.

On pourrait ne pas vous vacciner aujourd'hui si :

- Moins de 12 mois se sont écoulés depuis votre dernier vaccin contre la COVID-19.
- Moins de 6 mois se sont écoulés depuis que vous avez eu une infection à la COVID-19 confirmée par un test de laboratoire.
- Vous êtes allergique à l'un des composants du vaccin.
- Vous avez présenté une réaction allergique grave lors d'une précédente dose du vaccin contre la COVID-19 et un suivi approprié n'a pas encore été effectué.

Les vaccins contre la COVID-19 sont-ils sécuritaires?

Oui, ces vaccins sont sûrs. Le Canada possède l'un des systèmes d'approbation des vaccins les plus rigoureux au monde. Lors du développement d'un vaccin, des études fournissent des renseignements sur sa sécurité ainsi que sur son efficacité à développer une immunité.

Quels sont les effets secondaires des vaccins contre la COVID-19?

Les effets secondaires généralement observés après l'administration du vaccin contre la COVID-19 sont mineurs :

- Douleur, rougeur ou gonflement au site d'injection
- Fatigue, maux de tête, courbatures, douleurs articulaires, nausées, vomissements, fièvre et frissons
- Gonflement et sensibilité à l'aisselle du bras vacciné

Ces symptômes disparaissent généralement sans traitement au bout de 1 à 3 jours. S'ils persistent, appelez au centre de santé.

Dans de très rares cas, ces vaccins peuvent provoquer des effets indésirables comme une réaction allergique grave ou une inflammation du muscle cardiaque ou de la paroi du cœur. Les vaccins peuvent déclencher une réaction allergique qui se reconnaît à des symptômes comme l'urticaire (bosses sur la peau souvent accompagnées de fortes démangeaisons); le gonflement du visage, de la langue ou de la gorge; et une respiration difficile. Le personnel clinique est préparé pour gérer une réaction allergique si elle se produit, et vous assurera des soins médicaux immédiats si vous éprouvez l'un de ces symptômes. La myocardite et la péricardite (inflammation du muscle cardiaque ou de la paroi du cœur) se reconnaissent à une douleur au thorax, l'essoufflement et les palpitations. Veuillez communiquer avec votre centre de santé si vous présentez l'un de ces symptômes après l'administration d'un vaccin contre la COVID-19.

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Spikevax [®] mRNA-19 መጋቢት

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Ilitturipkaidjutit Titiraq

Spikevax COVID-19 Qalagjuarnikkut Kapuut

Taiguttiarlugu una ilitturipkaidjutikkut titiraq pilutillu apiqhilugu munaqhimik hunaniklikaak apiqhuutingnik piqaruvin hivuagun kapuqhiqtautinnatin.

Huna una Spikevax COVID-19 Qalagjuarnikkut Kapuutikhaq
Una Spikevax kapuut tunihijuuq aanniaqtailinirmun qanganuaq hiamitimiranun qalagjuarnirup COVID-19. QALAGJUARNIQ-19 kapuutikhaq. Tadja pitqujahimajuq amigaitqijaujunun Nunavunmiunnun pijukhaujun atahiarlugu ukiumi ukiakhami.

Tamna COVID-19 Qalagjuarniq kapuutikhaq naunairutiaqtuq timiptingnun aulatitijaangat munagidjutikharnik aanniarutiqarjuaqtunik aanniarvingminlu aanniaqtunun COVID-19 Qalagjuarnirmun.

Aannialiqalimaittutit COVID-19 qalagjuarnirmik uumanga kapuutit havautit.

Kitkut kapuqhiqtukhauvat qalagjuarnirmun COVID-19 kapuutimik?

COVID-19 Qalagjuarnikkut kapuutikhat akiittut hailijullu Nunavunmiunut 6-ni tatqiqhiutini avatqumajunulu.

Qalagjuarniq COVID-19 kapuutit qjangnaittun inungnun aanniarutiaqhimajunun uumanga Qalagjuarniq COVID-19. Ilitturipkadjavan munarhitkunnik piqaliruvun COVID qalagjuarnirmik qangannuaq taimaatun hulaqutittaarmat ubluanik pijaarni tuklirmun kapurhiriarni COVID-19 qalagjuarnirmik kapuutimik.

Piniarungnaqhijutit imanaituq Kapuqhiqtukhaujutit ublumi imaa:

- Ikitqijaujuq 12-ni tatqiqhiutini kingulirnit COVID-19 qalagjuarnikkut kapuutimin.
- Ikitqijaujuq 6-ni tatqiqhiutini aanniarunmit COVID-19 qalagjuarnirmik aanniarutingnik naunaiqtahimajamun naunaijaivingmi ihivriurutaanun.
- Nakuuhuiqpatutin timimut nakuungirutaujunut atahirmun ilagijaujunun kapuutimi.
- Aanniarjuaqtumik nakuuhuiruvit taffumunga hivuatigut kapuutikhamik COVID-19 qalagjuarnirmik kapuutimik imaalu ihuaqtumik kapuqhiqtauffaangittutit huli iniqtaungittutit huli.

Qanuqtut qajangnairutiaqtut COVID-19 qalagjuarnikkut kapuutit havautit?

Taamna kapuutit havautit qajangnaittuq. Kanada pihimajuq naunaijaqpiarhimajunik havauhiqtuutikkut kapuutikhanik angirutikhanik qanuriliurutinik nunarjuarmi. Talvani kapuutikhakkut pivallialiurutini, qaujiharutin tunijun ilitturipkaidjutinik qajangnaidjutaani kapuutikhani taimaalu qanuqtun nakuudjutinganun piliurnikkut aannialaqtaitdjutikhakkut.

Hunauvat nakuuhirutaavaktut taffumunga COVID-19 qalagjuarnikkut kapuutit?

Atuqtauluaqtut hulaqutit tapkua nakuuhirutit inuit kapuqhirumik qalagjuarnirmun COVID-19 kapuutimik mikijut ilaujut:

- Uluriahungniq, aupadjangniq puvinnirluunniit kapuqtaunirmi
- Unaguhungniq, niaqurliurniq, nukiinni ulurianarniq, ipiringnirmiinni ulurianarniq, mirianguniq/miriarniq, kidjangniq qaaliruhungniqlu
- Puvinniq ulurianarniqlu unitquqmi kapijauhijumajumi talirmi

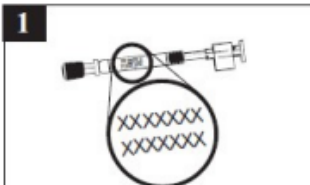
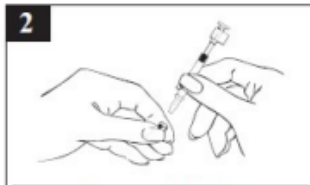
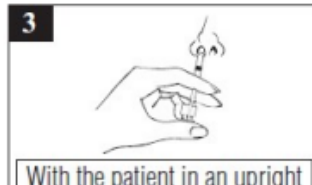
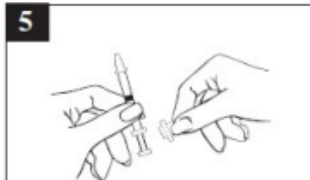
Hapkua nakuuhirutit hulaqutit piinginaqpaktun imaa 1min-3mun ubluni mamitiihimaitumik. Tammalimaiqqata, hivajadjavatin munarhitkut.

Atulluaqtaujuutun ajungnautiaqtunik taima ihuiqtitvakhimajut inuuhirun angiklijumijuitunlu nukiit uummatigini nikiit uvaniluuniit mamiani uumatip.

Naunaitkutit nakuuhirunikkut qanuriliplutin ilaqaqtun hives-nik (puviniit uviningmi kukulaqihimajun), puvinniq akuliangni, uqarni iggiarniluunniit, ajurnarhijuqluunniit anirhaaktariami. Munarhitkunni havaktiit upalungaiqhimajun havagutigijaamik nakuuhirunikkut qanurilidjutin timimun ihurritunut pikpat tuniniaqtullu tadjainnaq havauhiqtuutikkut ikajuutikhanik piqaliruvun qujaginnanik hapkuninnga naunaitkutit. Mihingnautainnik tapkuninga myocarditisnik pericarditisnikluunniit (angiklijumiqpakhimajut uummatit nukiingit avaliqutingaluunniit uummatit) ilaujurlu hatqarliurniq, annirnirlungniq, hajulaqinikkutlu. Hivajarlugit munarhitkut ajungnautiliqaliguvit hapkuninga mihingnautinik kapukhigiiruvit QALAGJUARNIQ COVID-19mik kapuutininik.

Influenza Immunization Protocol for FluMist® Trivalent

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	Ages 2 –59 years
Product	FluMist® Trivalent
Vaccine Type	Trivalent, Live Attenuated Influenza Vaccine (LAIV) (for more information see references)
Vaccine components	Each 0.2 mL dose contains $10^{6.5-7.5}$ FFU (fluorescent focus units) of live attenuated influenza virus reassortants of each of the three strains for the specific season. The three strains used for the 2025-2026 season are: A/Norway/31694/2022 (H1N1) (A/Victoria/4897/2022 (H1N1)pdm09-like virus), A/Perth/722/2024 (H3N2) (A/Croatia/10136RV/2023 (H3N2)-like virus) and B/Austria/1359417/2021 (Victoria lineage). FLUMIST [influenza vaccine (live, attenuated)] contains no preservatives (e.g., no thimerosal). The intranasal sprayer contains no latex. Non-medicinal ingredients: arginine hydrochloride, dibasic potassium phosphate, gelatin hydrolysate (porcine Type A), gentamicin (a trace residual), monobasic potassium phosphate, monosodium glutamate, ovalbumin (a trace residual), sucrose.
Formats available	0.2 mL pre-filled single-use glass sprayer.
Manufacturer	MedImmune, LLC – Distributed by AstraZeneca Canada.
Administration	Intranasal spray. Each sprayer contains a single dose of FluMist. Approximately one half should be administered in each nare.

	 1 Check expiration date. Product must not be used after date on sprayer label.  2 Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.  3 With the patient in an upright position, place the tip just inside the nostril to ensure the vaccine is delivered into the nose.  4 With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.  5 Pinch and remove the dose-divider clip from plunger.  6 Place the tip just inside the other nostril and with a single motion, depress plunger as rapidly as possible to deliver remaining vaccine.  DO NOT INJECT. DO NOT USE A NEEDLE. Note: Active inhalation (i.e., sniffing) is not required by the patient during vaccine administration.
Dose Series	0.2 mL (0.1 mL in each nostril)
Booster Dose	Children 2 years to less than 9 years old who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.
Vaccine interchangeability	FluMist® Trivalent can be offered to those 18-59 years of age who have needle phobia and are unwilling to get another influenza vaccine, provided informed consent includes that TIV (Fluviral TIV) provides better protection against influenza for this age group.
Contraindications	LAIV is contraindicated in individuals of all ages with: 1. A history of hypersensitivity, especially anaphylactic reactions, to gentamicin, gelatin, or arginine or to any other non-medicinal ingredient in the formulation, or component of the container. 2. A history of hypersensitivity to previous influenza vaccination. <u>Additional contraindications for those 2 to 17 years:</u> LAIV should not be used in children or adolescents for whom it is contraindicated or for whom there are warnings and precautions such as those with: 1. Severe asthma (defined as currently on oral or high-dose inhaled glucocorticosteroids) or active wheezing; 2. Medically attended wheezing in the 7 days prior to vaccination; 3. Current receipt of long-term aspirin or aspirin-containing therapy; 4. Immune compromising conditions, with the exception of stable HIV infection, i.e., if the child is currently being treated with ART for at least 4 months and has adequate immune function; and 5. Pregnancy

	<u>Additional contraindications for those 18 to 59 years:</u> LAIV is not recommended for: 1. Pregnant women and pregnant individuals; 2. Adults with any of the chronic health conditions identified in List 1 below, including immune compromising conditions; and 3. Health care workers (HCWs). <u>List 1:</u> Chronic health conditions: - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma); - Diabetes mellitus and other metabolic diseases; - Cancer, immune compromising conditions (due to underlying disease, therapy, or both, such as solid organ transplant or hematopoietic stem cell transplant recipients); - Renal disease; - Anemia or hemoglobinopathy; - Neurologic or neurodevelopmental conditions (includes neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions, and seizure disorders [and, for children, includes febrile seizures and isolated developmental delay], but excludes migraines and psychiatric conditions without neurological conditions); - Class 3 obesity (defined as body mass index of 40 kg/m² and over).
Precautions and Additional Notes	FluMist can be given annually from age 2 to 59 years old. Vaccine recipients should be informed that LAIV is a vaccine that contains a weakened strain of influenza virus and could potentially be transmitted to another person through contact with respiratory secretions. An infection with this weakened virus could cause a serious infection in a small category of patients who are severely immunocompromised and receiving care in hospital in a protected environment (e.g., post bone marrow transplant). Both health care workers and close contacts of such patients should avoid contact with these patients for two weeks after receiving LAIV. If such contact cannot be avoided, offer an inactivated influenza vaccine instead of LAIV. Antiviral agents active against influenza (oseltamivir and zanamivir) interfere with the immune response to LAIV. LAIV should not be administered to individuals while taking these antiviral agents. Such individuals should receive inactivated influenza vaccine. If antiviral agents are administered from 48 hours before to 2 weeks after receipt of LAIV, revaccinate when antiviral agents have been discontinued for at least 48 hours. Egg allergic individuals (including those who have experienced anaphylaxis following egg ingestion) can be immunized with inactivated or live attenuated influenza vaccine

	Influenza vaccination of individuals known to have had GBS without other known etiology <u>within 6 weeks</u> of a previous influenza vaccination should be avoided. As with other vaccines, vaccination with FLUMIST should be postponed in case of acute severe febrile illness until symptoms have abated. However, the presence of mild non-serious febrile illness (such as mild upper respiratory tract infections) should not result in the deferral of vaccination. A tuberculin skin test (TST) can be placed on the same day or deferred by at least 4 weeks from the date of vaccine. NACI recommends that LAIV can be given together with, or at any time before or after the administration of any other live attenuated or inactivated vaccine. Do not withhold vaccination with FluMist® because of a runny stuffy nose as long as the nasal mucosa can be visualized. If the nasal cavity is totally occluded with a mucous plug, delay immunization with FluMist® or consider Fluviral®.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform Regional Communicable Disease Coordinator (RCDC) and regional pharmacy.
Consent	Verbal consent must be obtained 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	Most common reactions, nasal congestion/rhinorrhea.
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 in the Nunavut Immunization Manual.
Documentation	All immunizations given should be documented on the electronic medical record.
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health)
References	1. FluMist® Trivalent. Product Monograph. AstraZeneca Canada. May 5, 2025. Available at: https://www.astrazeneca.ca/content/dam/az-ca/downloads/productinformation/flumist-tlaiv-product-monograph-en.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. An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI), Statement on Seasonal Influenza Vaccine for 2025-2066. April 2025. Statement on seasonal influenza vaccines for 2025–2026 - Canada.ca 4. BC Centre for Disease Control (2025). Communicable Disease Control Manual. Chapter 2: Immunization, Part 4 – Biological Products. Flumist Trivalent Attenuated Influenza Vaccine (LAIV)
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Fact Sheet

FluMist® – Nasal spray influenza vaccine

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.

What is FluMist®?

FluMist® is a live, weakened vaccine that is used to prevent the flu. It is given as a spray in the nose.

Who can receive this vaccine?

Most Nunavummiut aged 2-59 years old are eligible to receive FluMist

What are the side effects?

Not everyone will have side effects from this vaccine.

Reported side effects are:

- **Most common:** runny/stuffy nose, reduced appetite, weakness, headache and fever
- **Common:** muscle aches
- **Uncommon:** rash, nosebleed
- **Rare:** allergic reactions

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.

It can protect Nunavummiut at highest risk of severe illness from hospitalization and even death.

Who SHOULD NOT get FluMist®?

FluMist® should not be given to children and adults who:

- Have an allergy to eggs, gentamicin, gelatin, or arginine
- Have had previous serious reactions to influenza vaccination
- Children under 18 years old who take aspirin or any medicines containing aspirin
- Have severe asthma and are on medication or have active wheezing
- Have seen a health care provider for wheezing in the last seven days
- Pregnant and breastfeeding women

Children and adults should be assessed by their health care provider to determine if FluMist® should be given if they:

- Have stable, non-severe asthma
- Have a weakened immune system
- Are in close contact with someone who has a severely weakened immune system
- Are taking antivirals such as Tamiflu or Amantadine

Where can I get more information?

For more information about this vaccine, contact your Public Health Unit or Community Health Centre.

FluMist® 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.

Kangiqhidjutinun Titiraq

FluMist® – Hurlukut tikhalarutit qalagjuarnikkut kapuutit

Hunauva Qalalaqiniq (flu)?

Qalalaqiniq (flu) hiammittaapiaktut aanniarut aanniarutavaktut influenza-mit. Hiamitiqtut qalaghungnikkut, tagjungnikkut qingapluuniin kakianin. Mihingnautait ilaujut: kidjangniq, qalaghungniq, tivjaiqhuni, nukikliuliqhutik, igiaqliuliqhutik unaguhualiqhutik. Inuit annialaqivaktun akkun'ngani Tarium Hikutirvia unalu Qiqaijarluarvia, kihimi flu-paktun Allaqtirvia Ubluqtuhirnimmun uvanillu Iidjirvia.

Hunauva FluMist®?

FluMist® uumajuq, hakuqhimajuq kapuutikhaq atuqtaunginaqtut qallakhuarnaitumik. Tunijaujuq tikhalaruqhugu qingaqmun.

Kitkut kapuqhiqtaqtut haffuminga kapuunmik?

Tamavjaita Nunavunmiun ukiuqaqtut 2-min-59-mun pijaaqtut haffuminga FluMist-mik

Hunaujut mihingnaudjutaujut?

Inuit tamaita nakuuhirutiqaalimaitut kapuutimit. Uniudjutaujut hulaqutit hamma:

- **Atuqtauluaqtut:** kakiliqtainaliqhutik/umikhutiklu qingakkit, nirijumajungnaiqhutik, hakuqihutik, niaqurluunginaliqhutik kidjakhutiklu
- **Atuqtauluaqtut:** nukiit ulurianaqhijut
- **Atuqtauluaqutit:** uvinikluklutik, qingakkut aunaqhutik
- **Aalangajuq:** Timimun nakuungirutit qanurilidjutit

Hunauvat ikajuutit kapuqhirnimmun?

Munaridjutigijaat Nunavummiut aannialaqinimmun qalalaqinimmun. Munaridjutigijaat nunallaat tapkua qajangnautiqatut ajuqhautinun qalangnimmun.

Munaridjutigijaat Nunavummiut anginirhakkut aannialaqirjuarnimmun aanniarvingmunganirrit huiqlutikluuniin.

Kitkut AANNIALIQTUKHAUNGITTUT FluMist-mik®?

FluMist® tunijaujukhaungitut nutaqqanun iningnirnunlu pihimajut:

- Timimun nakuungigutiqaqtut manninnik, gentamicin-mik, gelatin-mik, uvaluuniin arginine
- Kinguagut qajangnaqtunik mihingnautiqaruvit qalagjuarnikkut kapuqhirnimmun
- Nutaqqat ukiuqaqtut ataani 18-kitut aspirinmik havautituqtut uvaluuniin qujaginaq havautinik iluaniituqaqtunik aspirinmik
- Anirnirlukpalaaruvit imaalu havautituqtitauguvit imaaluuniit nivjaaqtut ittu
- Takuhimaguvit munaqhimik nivjaaqtututmik atuqhimajumik saivanik ublunik
- Kangiqhidjutit hingaijanun uvalu iviangingnin maamaktitjunun angnanun.

Nutaqqat inirniillu ihivriutaujukhat munaqhimingnit naunaiqhilitik imaqtut FluMist® tunijaujukhat imaitpata:

- Piquqhutik aulajutimik, akhuvalaaq anirnirlungniq
- inuit hakuqtut auladjutimignik
- Qaniklihimaguvit inungmut hakuqhimajumut aannialiqtailitikhmut
- Havautituruvit havautinik imaittunik Tamiflu imaaluuniit Amantadine

Humili kangiqhittiangniagaluaqik?

Naunaiqhittiarumaguvit kapuutikkut, hivajarlugit Inungnut Munaqhiklut imaaluuniit Nunallaami Munaqhiklut.

Fluviral® Kapukhirniq Munagidjutikharnik

- Kidjagjuarnaitumik uluriahukpiaknaitumiklu, ukuninga havautituktaaqutit niaquqhiutit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, tunihluni munaqhiliqijit qanuq uqautijaani puunganiluuniit naunaitkutaanik.
- Aspirin (ASA) **TUNIJAUJUKHAUNGITTUQ** inungnut ukiunikhimaittunut 20-nik annialaqinahuquurnimut taijajumik Reye Syndrome-mik, qaritarmut hukhaungilaqinnaqtumut naammakhivikhaittumut tuqtutaujaaqhunilu.
- Mihingnarhikpat ihuritauliqtut puvitiliqhuni qaniq/umilruk, uvinik puvittut kukuvalaalaqijuq qiiqiluniluuniit upautilitit uping'ngaqtaujuliqijit havagvia munaqhikluuniit upilaqilutit.
- Apiruutiqaruvit, ihumaaluutiqaruvilluuniit mighaagut hulaqutimik kapurhiutimin, uqaqtigilugu munarhitkut.



FluMist® – ስጋፅፍ በጥገኛዎች ጭረጥጥ

၎င်းတို့သည် အောက်ပါအတိုင်း ဖြစ်ပေါ်လာသည်။

Feuille d'information

Vaccin intranasal antigrippal FluMist^{MD}

Qu'est-ce que l'influenza (la grippe)?

L'influenza est une maladie contagieuse causée par le virus de la grippe. Elle se propage par la toux, les éternuements et les sécrétions nasales.

On reconnaît la grippe aux symptômes suivants : fièvre, toux, perte d'appétit, courbatures, mal de gorge et sensation de grande fatigue.

Les gens l'attrapent généralement entre novembre et mai, mais la saison de la grippe atteint le plus souvent son pic en janvier ou en février.

Qu'est-ce que le FluMist^{MD}?

Le FluMist^{MD} est un vaccin vivant atténué utilisé pour prévenir la grippe. Il est administré sous forme de vaporisateur nasal.

Qui peut recevoir ce vaccin?

La plupart des Nunavoises et Nunavois de 2 à 59 ans remplissent les conditions pour le recevoir.

Quels en sont les effets secondaires?

Ce vaccin n'aura pas des effets secondaires sur tout le monde. Les effets secondaires :

- **très courants** sont la congestion et l'écoulement du nez, la perte d'appétit, la fatigue, les maux de tête et la fièvre;
- **courants** sont les courbatures;
- **plutôt rares** sont les éruptions cutanées et le saignement de nez;
- **rares** sont les réactions allergiques.

Quels sont les bienfaits du vaccin?

Il protège les Nunavoises et Nunavois contre la grippe.

Il protège aussi leur entourage et les personnes vulnérables de complications en cas de grippe.

Enfin, il peut empêcher les personnes vulnérables d'être très malades et éviter des hospitalisations, voire des décès.

Qui ne devrait pas recevoir le FluMist^{MD}?

Le FluMist^{MD} ne doit pas être administré aux :

- enfants et adultes qui présentent une allergie aux œufs, à la gentamicine, à la gélatine ou à l'arginine;
- enfants et adultes qui ont déjà présenté une réaction grave au vaccin antigrippal;
- enfants de moins de 18 ans qui prennent de l'aspirine ou des médicaments contenant de l'aspirine;
- enfants et adultes qui souffrent d'asthme sévère et prennent des médicaments ou ont une respiration sifflante active;
- enfants et adultes qui ont consulté leur prestataire de soins de santé concernant une respiration sifflante au cours des sept derniers jours;
- femmes qui sont enceintes ou qui allaitent.

Les enfants et les adultes doivent se faire évaluer par leur prestataire de soins de santé afin de déterminer si FluMist^{MD} leur convient s'ils présentent une des conditions suivantes :

- Asthme stable et non sévère
- Système immunitaire affaibli
- Étroitement en contact avec une personne au système immunitaire lourdement affaibli
- Se médicamentent aux antiviraux comme le Tamiflu ou l'Amantadine

Où puis-je trouver d'autres renseignements?

Pour d'autres renseignements sur ce vaccin, communiquez avec votre Service de santé publique ou votre centre de santé.

Mon suivi postvaccination au FluMist^{MD}

- Pour contrôler la fièvre et soulager les douleurs ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). S'il s'agit d'un enfant, donnez-lui la dose recommandée par votre prestataire de soins de santé ou suivez les indications fournies avec la bouteille.
- On ne doit **jamais** donner d'Aspirine (ASA) aux personnes de moins de 20 ans en raison de l'existence du risque du syndrome de Reye, lequel peut entraîner des lésions cérébrales permanentes et le décès.
- En cas d'effets secondaires graves comme l'enflure de la bouche ou des lèvres, l'apparition d'urticaire ou une crise épileptique, rendez-vous immédiatement à votre service des urgences ou centre de santé.
- Si vous avez des questions ou si vous craignez une réaction au vaccin, parlez-en à votre prestataire de soins de santé.

Influenza Immunization Protocol for Fluzone® High-Dose Trivalent

Purpose	Provide information and guidance for the Influenza Immunization Program in Nunavut.
Objective	To reduce morbidity and mortality secondary to Influenza infection.
Indication	Fluzone® High-Dose Trivalent (Fluzone® HD TIV) vaccine is indicated for active immunization against influenza caused by the specific strains of influenza virus contained in the vaccine in adults 65 years of age and older.
Eligibility	Fluzone® HD TIV is indicated for adults 65 years of age and older.
Product	Fluzone® High-Dose Trivalent
Vaccine type	Trivalent Inactivated – split virus (for more information see references)
Vaccine components	Active Ingredients: Each 0.5 mL dose contains 60 mcg hemagglutinin (HA) of each strain listed below: - A/Victoria/4897/2022 (H1N1)pdm09-like strain (A/Victoria/4897/2022, IVR-238) - A/Croatia/10136RV/2023 (H3N2)-like strain (A/Croatia/10136RV/2023, X-425A) - B/Austria/1359417/2021-like strain (B/Michigan/01/2021, wild type) Non-medicinal ingredients: Formaldehyde, egg protein, and Triton® X-100. Does not contain adjuvant, preservative, or antibiotics.
Formats available	Fluzone® HD TIV is available in packages of: 5 x 0.5 mL (Single Dose) syringes without attached needle.
Manufacturer	Sanofi Pasteur Limited Toronto, Ontario, Canada
Administration	Inspect for extraneous particulate matter and/or discolouration before use. If either of these conditions exist, the product should not be administered. Shake the prefilled syringe well to uniformly distribute the suspension before administering the dose.

	Administer the vaccine intramuscularly . The preferred site is the deltoid muscle. Fluzone® HD should not be administered into the buttocks.
Dose Series	The recommended dosage of Fluzone® HD TIV is 1 dose of 0.5 mL, annually.
Booster Dose	N/A
Vaccine interchangeability	Nunavummiut who meet the eligibility criteria (65 years or older) with no contraindications have a choice to receive either FLUZONE® HD TIV or FLUVIRAL® QIV.
Concomitant Administration	Fluzone® HD TIV may be given at the same time as, or at any time before or after administration of other vaccines (either live or inactivated), including COVID-19 vaccines. If concurrent administration with another vaccine is indicated, immunization of each vaccine should be done in a different anatomic site (e.g., different limb) with separate injection equipment.³ Please take the opportunity to review COVID-19 immunization history and offer immunization to eligible individuals. Additionally, unimmunized adults over 50 years old who have never received, or have not received in the preceding 12 months, a pneumococcal polysaccharide vaccine (Pneumovax 23) should be offered pneumococcal conjugate vaccine (Prevnar 20).
Contraindications	Age less than 65 years old. Fluzone® HD should not be administered to people who have had an anaphylactic reaction to a specific influenza immunization, or to any of the components of a specific influenza vaccine. Egg allergy is not a contraindication. Please see Precautions section below.
Precautions and Additional Notes	The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using Trivalent Influenza Vaccine (QIV) without a prior influenza vaccine skin test and with the full dose in any setting where vaccines are routinely administered. Neurologic Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccine. Please contact RCDC for guidance prior to administering Fluzone® HD. Hematologic Because any intramuscular injection can cause an injection site hematoma in persons with any bleeding disorders, such as haemophilia or thrombocytopenia, or in persons on anticoagulant therapy, intramuscular injections with Fluzone® High-Dose should not be administered to such persons unless the potential benefits outweigh the risk of administration. Please contact RCDC prior to administering Fluzone® HD.

	Immune An apparent allergic reaction to the previous administration of an influenza vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization. Please consult the RCDC for guidance prior to administering Fluzone® HD. The immunogenicity of Fluzone® High-Dose may be reduced by immunosuppressive treatment or in individuals with immune deficiency syndromes. In such cases it is recommended to postpone the vaccination until after the immunosuppressive treatment or resolution of the immunosuppressive condition, if feasible. Nevertheless, as recommended by NACI, the possibility of lower efficacy should not prevent immunization in those at high risk of influenza-associated morbidity, since some protection is still likely to occur. Febrile or acute disease: Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours prior to influenza vaccine. Delay vaccination until symptoms resolve. Contact RCDC for guidance if needed. Serious acute febrile illness: Persons with serious acute febrile illness usually should not be vaccinated until their symptoms have resolved. Those with mild non-serious febrile illness (such as mild upper respiratory tract infections) may be given influenza vaccine.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
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. Report vaccine cold chain breaks immediately to the regional pharmacy and RCDC according to the guidance in Section 3.1.2 of the Nunavut Immunization Manual. Section 3.0
Consent	Verbal consent must be obtained by the client prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Section 3.7 Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide. Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide - Canada.ca
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. 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: Report of adverse events following immunization (AEFI) (canada.ca) - An Incident Report should be submitted via Meditech for reporting medication errors and other events. If there is an AEFI and a vaccination error, both AEFI and an Incident Report form should be completed. All completed forms should be e-mailed or faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-2409
Documentation	All immunizations given should be documented on the paper immunization card and electronic record. Update recipient's Personal Immunization Record as requested.
Materials and Resources	All protocols and materials are available on the Department of Health website Manuals and Guidelines Government of Nunavut Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol Nunavut Immunization Manual Fluzone High-Dose Quadrivalent Fact Sheet
References	1. FLUZONE® High-Dose. Product Monograph. Sanofi Pasteur. April 22, 2025. Available at: https://pdf.hres.ca/dpd_pm/00081508.PDF . - products/fluzonemd-haute-dose-quadrivalent 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. National Advisory Committee on Immunization (NACI) statement: Seasonal influenza vaccine for 2024-2025 - Canada.ca

Fact Sheet

Fluzone® High-Dose (HD) Trivalent (TIV) Influenza Vaccine

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 this vaccine?

In Nunavut, anyone age 65 years and older is eligible to receive Fluzone® HD TIV. There is a different influenza vaccine available to all other Nunavummiut over 6 months of age. Everyone who is eligible should receive a flu vaccine annually.

It protects older Nunavummiut from getting sick with Influenza.

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

It can protect Nunavummiut at highest risk of severe illness from hospitalization and even death.

Is Fluzone® HD TIV 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 have any of the following:

- Allergy to formaldehyde, Triton® X-100 or any ingredient of the 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® HD TIV Vaccine After Care

- To control fever and relieve soreness or muscle aches, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin).
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please advise your health care provider immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille d'information

Vaccin antigrippal trivalent Fluzone^{MD} Haute dose

Qu'est-ce que l'influenza (la grippe)?

L'influenza est une maladie contagieuse causée par le virus de la grippe. Elle se propage par la toux, les éternuements et les sécrétions nasales.

On reconnaît la grippe aux symptômes suivants : fièvre, toux, perte d'appétit, courbatures, mal de gorge et sensation de grande fatigue.

Les gens l'attrapent généralement entre novembre et mai, mais la saison de la grippe atteint le plus souvent son pic en janvier ou en février.

Qui peut recevoir ce vaccin?

Au Nunavut, le vaccin antigrippal trivalent Fluzone^{MD} Haute dose peut être administré aux personnes de 65 ans ou plus. Les Nunavoises et Nunavois qui ont moins de 65 ans et plus de 6 mois peuvent recevoir un autre vaccin antigrippal. Toute personne admissible au vaccin antigrippal devrait le recevoir annuellement.

Quels sont les bienfaits du vaccin?

Il protège les Nunavoises et Nunavois contre la grippe.

Il protège aussi leur entourage et les personnes vulnérables de complications en cas de grippe.

Enfin, il peut empêcher les personnes vulnérables d'être très malades et éviter des hospitalisations, voire des décès.

Le vaccin antigrippal Fluzone^{MD} Haute dose est-il sécuritaire?

Oui. Ses effets secondaires courants sont une douleur et une rougeur au site d'injection. Il provoque occasionnellement une fièvre, une fatigue, des maux de tête et des douleurs musculaires, mais ce sont des réactions normales et elles signifient que votre organisme produit des anticorps. Par ailleurs, bien des gens ne ressentent aucun effet secondaire du vaccin.

Avec tout vaccin, il existe un risque très rare d'avoir une réaction allergique grave, l'*anaphylaxie*. Les symptômes de l'anaphylaxie sont l'apparition d'urticaire, d'éruptions cutanées, d'une enflure de la bouche et une respiration difficile. Ce type de réaction survient habituellement dans les 15 minutes suivant la vaccination. **C'est pourquoi nous vous recommandons de demeurer à la clinique pendant 15 minutes après avoir reçu un vaccin.** L'anaphylaxie peut être traitée, et votre prestataire de soins de santé a la formation pour le faire.

Quelles personnes devraient consulter leur prestataire de soins de santé avant de se faire vacciner?

Informez votre prestataire de soins de santé si vous présentez l'une des caractéristiques suivantes :

- Une allergie au formaldéhyde, au Triton^{MD} X-100, ou à toute autre composante du vaccin
- Une réaction grave à un vaccin antérieur
- Toute condition de santé qui ralentit la coagulation
- L'apparition du syndrome de Guillain-Barré (une maladie paralytique grave) dans les 6 semaines suivant un vaccin antigrippal antérieur
- Toute maladie grave accompagnée de fièvre

Quel risque court-on à ne pas recevoir de vaccin antigrippal?

On estime que 4 000 à 8 000 Canadiens meurent de la grippe chaque année. Beaucoup d'autres tombent malades et requièrent des soins particuliers à l'hôpital. Prémunissez-vous, vos enfants et votre entourage contre cette maladie évitable.

Suivi postvaccination au Fluzone^{MD} Haute dose

- Pour contrôler la fièvre et soulager les douleurs ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin).
- En cas d'effets secondaires graves comme l'enflure de la bouche ou des lèvres, l'apparition d'urticaire ou une crise épileptique, rendez-vous immédiatement à votre service des urgences ou centre de santé.
- Discutez avec votre prestataire de soins de santé de toute question que vous auriez concernant le vaccin ou ses effets.



Kangiqhidjutinun Titiraq

Fluzone® Akhuraaluk Havautituqtataujut (HD) Trivalent (TIV) Qalarjuangnikkut Kapuut

Hunauva Qalalaqiniq (flu)?

Qalalaqiniq (flu) hiammittaapiaktut aanniarut aanniarutauvaktut influenza-mit. Hiamitiqtut qalaghungnikkut, tagjungnikkut qingapluuniin kakianin.

Mihingnautait ilaujut: kidjangniq, qalaghungniq, tivjaqhuni, nukikliuliqhutik, igiaqliuliqhutik unaguhualiqhutik.

Inuit annialaqivaktun akkun'ngani Tarium Hikutirvia unalu Qiqaijarluarvia, kihimi flu-paktun Aullaqtirvia Ubluqtuhirnimmun uvanillu Iidjirurvia.

Kitkut kapuqhiqtaqtut haffuminga kapuunmik?

Nunavunmi, tamaita ukiuqaqtut 65-mik angajuhiillu kapuqhiqtaqtut uuminga Fluzone® HD QIV. Piqaqtut aalangajumik qalalaqinimmun kapuutaanik piinarialik tamainun Nunavunmiunun avatqumajut 6-nin tatqiqhiutinik ukiuqaqtut. Tamainun kapuqhiqtaqtunun fluunimmun kapuutit ukiuni.

Hunauvat ikajuutit kapuqhirnimmun?

Munaridjutigijaat Nunavummiut aannialaqinimmun qalalaqinimin.

Munaridjutigijaat nunallaat tapkua qajangnautiqaqtut ajuqhautinun qalangnirmin.

Munaridjutigijaat Nunavummiut anginirhakkut aannialaqirjuarnirmin aanniarvingmungarnirit huiqlutikluuniin.

Una Fluzone® HD QIV qajangnaitpa?

Hii. Atuqtauluaqtut mihingnautit uluriahungniq aupadjakhutiklu kapungnirit. Ilaanilu kidjakpaktut, unaguhukhutik, niaquqliuqhutik aanirnalaqibluliklu. Una atuqtaunginaqtut kapuqhiqtunun naunajautaujut timit ikajuutighaliuqutut aanniarutinun. Amigaitut inuit hulaqutiqangitut kapuqhirnirmin.

Tamaita kapuqhiutit, pidjutiqaluangitut timimun nakuungirnimmun tajauhimaquq *anaphylaxis* aannialaqirjuarniq. Nakuungiqjuarutit takunaqtut puvinirit, uutiqhutik, puvitutik qaniit, aniqhaaktariami ajuqhaliqhutik. Una nkuungiutaujuq imaa 15 minutes hivitunia kapuqhiruiraangamik.

Munaqhitkuniitquajaujut imaa 15 minutesmik kapuqhiruirmik. Nakuungirutait mamihaqtaaqut munaqhip iliaqtitauhimajut namakhidjutighait.

Kitkut uqaqatigijakhait munaqhit kapuqhiqtinnagu?

Uqarlugit munakhinut hapkuninga nalliagnik piqaruvit:

- Timingnun nakuungiqhimaguvin haffumanga formaldehyde, Triton® X-100 ukualuuniin qujaginaq iluaniitut kapuutini.
- Kinguani nakuuhuiniq qujaginaq kapuutinin.
- Qujaginaq qanuriniit tapkua aulaqutigijatit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaqata) taima 6-ni havainirni kapukhirnirmingnit.
- Aannialaqiuarutit kidjakhutulu.

Hunauvat qajangnautit kapuqhingnimmun?

itqungniaqtaujut tapkua 4000 – 8000 Kanadamit huiqhimaqtut atautini ukiuni qalalaqinirmin. Amigaitut aannialaqiblulik munarijauariaqaliqhutik aanniaqvingmi. Aannialaqitaililit, nutaqqatit nunallaallu aanniarunmin.

Fluzone® HD TIV Kapuqhiruiraangat Munaridjutit

- Kidjangnaitumik aanirnalaqinaitumik, iihilutit Acetaminophenmik (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin).
- Atuliruvit qujaginaq mihingnautinik puvinirmik qanimmun/umilrukkit qiiqiguvinuuniin ilituripkaqlugu munaqhitkut qilamik.
- Apirhuutighaqtuvit qujaginaq, ihumaalukuvinuuniin nakuungirnimmik kapuqhirmin, uqaqatigilugit munaqhitkut.



Influenza Immunization Protocol for FLUZONE® Trivalent (TIV) Influenza Vaccine

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 in adults and children 6 months of age and older.
Eligibility	Age 6 months and older.
Product	Fluzone® Trivalent (TIV)
Vaccine type	Influenza vaccine trivalent Types A and B (split virion)
Vaccine components	Active Ingredients: Each 0.5 mL dose is formulated to contain 15 mcg of hemagglutinin (HA) of each strain listed below: A/Missouri/11/2025 (H1N1)pdm09-like strain (A/Switzerland/6849/2025, IVR-278) A/Darwin/1454/2025 (H3N2)-like strain (A/Michigan/105/2025, SAN-049A) B/Tokyo/EIS13-175/2025-like strain (B/Tokyo/EIS13-175/2025, wild type) Non-medicinal Ingredients: Phosphate Buffered Saline (sodium chloride 6.51 g/L; sodium phosphate (dibasic anhydrous) 3.83 g/L; sodium phosphate (monobasic anhydrous) 0.410 g/L), Water for Injection quantity sufficient up to 0.5mL and Triton® X-100 NMT 250 mcg. 0.01% w/v thimerosal is present in the multi-dose presentation only. ¹
Formats available	Multidose vials (5 mL), 10 x 0.5 mL doses per vial
Manufacturer	Sanofi Vaccines Canada Ltd.
Administration	Do not draw up vaccine until ready to administer. FLUZONE® is supplied as a clear to slightly opalescent suspension in a multidose vial. Inspect for extraneous particulate matter and/or discolouration before use. If these conditions exist, the product should not be administered. SHAKE THE VIAL WELL to uniformly distribute the suspension before withdrawing each dose.

	Aseptic technique must be used for withdrawal of each dose from a multidose vial. A maximum of 10 total doses (0.5 mL) can be withdrawn from a multidose vial. <u>Infants less than 1 year of age:</u> Intramuscular (IM) in the anterolateral thigh (vastus lateralis). <u>Children greater than 1 year with adequate muscle mass and adults:</u> Intramuscular (IM) in the deltoid muscle.
Dose Series	1 dose of 0.5 mL given via the intramuscular (IM) route. Vaccine is given annually to anyone age 6 months and older.
Booster Dose	Children 6 months to less than 9 years who are receiving influenza vaccine for the first time 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	Individuals aged 65 and older are eligible to receive Fluzone® High-Dose Trivalent.
Concomitant Administration	Fluzone® TIV may be given at the same time as, or at any time before or after administration of other vaccines (either live or inactivated), for those aged 6 months of age and older². If concurrent administration with another vaccine is indicated, immunization of each vaccine should be done in a different anatomic site (e.g., different limb) with separate injection equipment. Please take the opportunity to review an individual's full immunization history and offer immunization to eligible individuals. Additionally, unimmunized adults over 50 years old who have not received pneumococcal conjugate vaccine (Prevnar 20), or RSV vaccine (ABRYSVO) should be offered these vaccines. Note: See respective protocols for Prevnar 20 and ABRYSVO for additional eligibility criteria for individuals under the age of 50.
Contraindications	Age less than 6 months old. Fluzone® TIV should not be administered to people who have had an anaphylactic reaction to a specific influenza immunization, or to any of the components of a specific influenza vaccine. Egg allergy is not a contraindication. Please see precautions section below.
Precautions and Additional Notes	The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using Trivalent Influenza Vaccine (TIV) without a prior influenza vaccine skin test

	and with the full dose in any setting where vaccines are routinely administered.² Please contact the RCDC if you have any questions. In the case of an apparent allergic reaction to the previous administration of an influenza vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re- immunization. Please consult the RCDC for guidance prior to administering Fluzone® TIV. Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccine. Please contact RCDC for guidance prior to administering Fluzone® TIV. Because any intramuscular injection can cause injection site hematoma, in persons with any bleeding disorders, such as hemophilia or thrombocytopenia, or in persons on anticoagulant therapy, intramuscular injections with FLUZONE® TIV should not be administered to persons unless the potential benefits outweigh the risk of administration. Please contact RCDC prior to administering Fluzone® TIV. Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours prior to influenza vaccine. Delay vaccination until symptoms resolve. Contact RCDC for guidance if needed. Serious acute febrile illness: Persons with serious acute febrile illness usually should not be vaccinated until their symptoms have resolved. Those with mild non-serious febrile illness (such as mild upper respiratory tract infections) may be given influenza vaccine.
Special Populations	Immunocompromised persons (whether from disease or treatment) may not achieve the expected immune response. Nevertheless, as recommended by NACI, the possibility of lower efficacy should not prevent immunization in those at high risk of influenza-associated morbidity, since protection is still likely to occur. The National Advisory Committee on Immunization states that influenza vaccination is recommended for pregnant women. The National Advisory Committee on Immunization recommends that influenza vaccination is considered safe for breastfeeding women.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
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. Once entered, the multidose vial should be discarded after 28 days. Follow cold chain protocol and inform RCDC and regional pharmacy for guidance if a cold chain break occurs.

	The multidose vial may be used up to the date of expiry indicated on the vial label. There is no need to discard the vial after 28 days of opening/puncturing if stored between 2°C and 8°C. Report vaccine cold chain breaks immediately to the regional pharmacy and RCDC according to the guidance in Section 3.1.2 of the Nunavut Immunization Manual. Section 3.0
Consent	Verbal consent must be obtained 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). Section 3.7 Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide. Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide - Canada.ca
Side Effects	Injection site: pain, induration, redness, swelling at injection site. <u>Systemic</u>: fever, 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. 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: Report of adverse events following immunization (AEFI) (canada.ca) - An Incident Report should be submitted via Meditech for reporting medication errors and other events. If there is an AEFI and a vaccination error, both AEFI and an Incident Report form should be completed. All completed forms should be emailed or faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-2409
Documentation	All immunizations given should be documented on the electronic record. For children less than 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 Manuals and Guidelines Government of Nunavut Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol Nunavut Immunization Manual Fluzone Trivalent Fact Sheet

References	1. FLUZONE® Trivalent. Product Monograph. Sanofi Pasteur. October 2026. Available at Product Monograph Fluzone 2026 2. National Advisory Committee on Immunization (NACI) statement: Seasonal influenza vaccine for 2026-2027 HP37-45-2026-eng.pdf 3. Public Health Agency of Canada. Canadian Immunization Guide. Available at: Canadian Immunization Guide - Canada.ca
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Fact Sheet

Fluzone® Trivalent Influenza Vaccine (TIV)

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® TIV 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. 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:

- 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 d'information

Vaccin antigrippal trivalent Fluzone^{MC}

Qu'est-ce que l'influenza (la grippe)?

L'influenza est une maladie contagieuse causée par le virus de la grippe. Elle se propage par la toux, les éternuements et les sécrétions nasales.

Ses symptômes sont la fièvre, la toux, la perte d'appétit, les douleurs musculaires, le mal de gorge et une sensation de grande fatigue.

Les gens l'attrapent généralement entre novembre et mai, mais la saison de la grippe atteint le plus souvent son pic en janvier ou en février.

Qui peut recevoir ce vaccin?

Toute personne de plus de 6 mois devrait recevoir le vaccin antigrippal.

Les enfants de moins de 9 ans qui sont vaccinés pour la première fois doivent recevoir deux doses, séparées par un intervalle d'au moins quatre semaines d'intervalle, pour être protégés.

Quels sont les bienfaits du vaccin?

Il protège les Nunavoises et Nunavois contre la grippe.

Il protège aussi leur entourage et les personnes vulnérables de complications en cas de grippe.

En effet, la grippe peut entraîner l'hospitalisation, et même la mort, en particulier chez les personnes à risque.

Le vaccin antigrippal Fluzone^{MD} est-il sécuritaire? Oui.

Ses effets secondaires courants sont une douleur et une rougeur au site d'injection. Il provoque occasionnellement une fièvre, une fatigue, des maux de tête et des douleurs musculaires, mais ces symptômes sont des réactions normales. Bien des gens ne ressentent aucun effet secondaire au vaccin.

Avec tout vaccin, il existe un risque très rare d'avoir une réaction allergique grave, l'anaphylaxie. Les symptômes de l'anaphylaxie sont l'apparition d'urticaire, d'éruptions cutanées, d'une enflure de la bouche et une respiration difficile. Ce type de réaction survient habituellement dans les 15 minutes suivant la vaccination. **C'est pourquoi nous vous recommandons de demeurer à la clinique pendant 15 minutes après avoir reçu un vaccin.** L'anaphylaxie peut être soignée, et votre prestataire de soins de santé a une formation pour le faire.

Quelles personnes devraient consulter leur prestataire de soins de santé avant de se faire vacciner?

Vous devriez discuter avec votre prestataire de soins de santé si vous ou votre enfant avez présenté l'un des antécédents de santé suivants :

- Une réaction grave à un vaccin antérieur
- Toute condition de santé qui ralentit la coagulation
- L'apparition du syndrome de Guillain-Barré (une maladie paralytique grave) dans les 6 semaines suivant un vaccin antigrippal antérieur
- Toute maladie grave accompagnée de fièvre

Quel risque court-on à ne pas recevoir le vaccin antigrippal? On estime que la grippe cause le décès de 4 000 à 8 000 personnes par année au Canada. Beaucoup d'autres tombent malades et requièrent des soins hospitaliers particuliers. Prémunissez-vous, vos enfants et votre entourage contre cette maladie évitable.

Mon suivi postvaccination au Fluzone^{MD}

- Pour contrôler la fièvre et soulager les douleurs ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). S'il s'agit d'un enfant, donnez-lui la dose recommandée par votre prestataire de soins de santé ou suivez les indications fournies avec la bouteille.
- On ne doit **jamais** donner d'Aspirine (ASA) aux personnes de moins de 20 ans en raison de l'existence du risque du syndrome de Reye, lequel peut entraîner des lésions cérébrales permanentes et le décès.
- En cas d'effets secondaires graves comme l'enflure de la bouche ou des lèvres, l'apparition d'urticaire ou une crise épileptique, rendez-vous immédiatement à votre service des urgences ou centre de santé.
- Si vous avez des questions ou si vous craignez une réaction au vaccin, parlez-en à votre prestataire de soins de santé.



Kangiqhidjutinun Titiraq

Fluzone® Trivalent Influenza Kapuuti (TIV)

Hunauva Qalalaqiniq (flu)?

Qalalaqiniq (flu) hiammittaapiaktuq aanniarut aanniarutauvaktuq influenza-mit. Hiamitiqtuq qalaghungnikkut, tagjungnikkut qingapluuniin kakianin.

Mihingnautait ilaujut: kidjangniq, qalaghungniq, tivjaiqhuni, nukikliuliqhutik, igiaqliuliqhutik unaguhualiqhutik.

Inuit annialaqivaktun akkun'ngani Tarium Hikutirvia unalu Qiqaijarluarvia, kihimi flu-paktun Aullaqtirvia Ubluqtuhirnirmun uvanillu Iidjirurvia.

Kitkun pittaagtun kapukhirmirnik?

Inuit kituliqaak inuuhiaqtun avatquhimajunik 6 tatqiqhiutiqaqtunit kapuqhiraqaqtun fluulaiktitkhamik.

Nutaqqat nukakhiit 9-nik ukiuqaqtunit, kapuqhiktut hivulliqaamik, kapuqhitaqjukhat malruiqtuqhutik, taima 4nik havainirnik avatqutkaaqlugu, munagijaujarangat.

Hunauvat ikajuutit kapuqhirmirmun?

Munaridjutigijaat Nunavummiut aannialaqinirmun qalalaqinirmin.

Munaridjutigijaat nunallaat tapkua qajangnautiqaqtut ajuqhautinun qalangnirmin.

Qalaktuarniq aanniarvingmiittaaqtuq tuqudjutilunilu, taapkunungalluaq qajangnatqijaujunun.

Is Fluzone® TIV qajangnaituq?

Hii. Atuqtauluaqtut mihingnautit uluriahungniq aupadjakhutiklu kapungnirit. Ilaanilu kidjakpaktut, unaguhukhutik, niaquqliuqhutik aanirnalaqiblutiklu. Una atuqtauvaktuq mihingnaittumut kapuqhirmirmin. Amigaitut inuit hulaqutiqaqtut kapuqhirmirmin.

Tamaita kapuqhiutit, pidjutiquanguit timimun nakuungirnirmun tajauhimajuq *anaphylaxis aannialaqirjuarniq*. Nakuungiqjuarutit takunaqtut puvinirit, uutiqhutik, puvitutik qaniit, aniqhaaktariami ajuqhaliqhutik. Una nkuungiutaujuq imaa 15 minutes hivitunia kapuqhiraangamik. **Munaqhitkuniitquajut imaa 15 minutesmik kapuqhirmirumik.** Nakuungirutait mamihaqtaqtut munaqhip ilihaqtitauhimajut namakhidjutighait.

Kitkut uqaqatigijakhait munaqhit kapuqhigtinnagu?

Unniutilugu munaqhit ilvit nutaqqalluuniin pihimavakpat qujaginnarnik hapkuninnga:

- Kinguani nakuuuhiniq qujaginaq kapuutinin.
- Qujaginaq qanuriniit tapkua aulaqutigijatit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaiqata) taima 6-ni havainirni kapukhirmirmingnit.
- Aannialaqiuarutit kidjakhutulu.

Hunauvat qajangnautit kapuqhingnirmun?

itqungniaqtaujut tapkua 4000 – 8000 Kanadamiut huiqhimaqtut atautini ukiuni qalalaqinirmin. Amigaitut aannialaqiblutik munarijaujariaqaliqhutik aanniaqvingmi. Aannialaqitaililit, nutaqqatit nunallaallu aanniarunmin.

Fluzone® Kapukhirmiq Munagidjutikharnik

- Kidjagjuarnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaqtutit niaquqhiutit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, tunihiluni munaqhiliqijit qanuq uqaqtijaani puunganiluunniit naunaikutaanik.
- Aspirin (ASA) **TUNJAUJUKHAUNGITTUQ** inungnun ukiunikhimaittunut 20-nik annialaqinahuqquurnirmut tajaujumik Reye Syndrome-mik, qaritarmut hukhaungilaqinnaqtumut naammakhivikhaittumut tuqutjutaujaqhunilu.
- Mihingnarhikpat ihuirtauiqtuq puvitiliqhuni qaniq/umilruk, uvinik puvittuq kukuvalaalaqijjuq qiiqiluniluunniit upautilutit uping'ngaqtaujuliqijit havagvia munaqhitkulluunniit upilaqilutit.
- Apiruutiqtaruvit, ihumaaluutiqtaruvilluunniit mighaagut hulaqutimik kapurhiutimin, uqaqatigilugu munarhitkut.



Immunization Protocol for Imvamune®

Purpose	To provide information and guidance for monkeypox immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for additional information.
Objective	To protect at-risk Nunavummiut from the disease and potential health complications of the monkeypox virus
Indication	Nunavut's publicly funded program is offered to all Nunavummiut who meet eligibility criteria.
Eligibility	Individuals who meet the following criteria: • 18 years of age and older • Asymptomatic <u>Pre-exposure vaccination</u> • 18 years of age and older • Asymptomatic • Men who have sex with men (MSM), and individuals who have sex with MSM, and who meet at least one of the following criteria: ○ Having two or more sexual partners or being in a relationship where at least one of the partners has other sexual partners ○ Having had a confirmed sexually transmitted infection acquired in the last year ○ Engage in sexual contact in sex-on-premises venues OR: • Individuals who self-identify as sex workers regardless of self-identified sex/gender OR: • Staff or volunteers in sex-on-premises venues where workers may have contact with fomites potentially contaminated with monkeypox, without the use of personal protective equipment <u>Post-exposure vaccination</u> • 18 years of age and older • Asymptomatic • Close contacts of a probable or confirmed case (in consultation with Chief Public Health Officer (CPHO)) or within a setting where transmission is known to be occurring. <u>Please see <i>Special Populations</i> section of this protocol for specific exceptions to the above criteria and additional information.</u>
Product	Imvamune®

Vaccine Type	Imvamune® is a live attenuated, non-replicating vaccine.
Vaccine Composition	Each vial of liquid-frozen Imvamune® is formulated to have a titer of at least 0.5×10^8 infectious units (Inf.U) per 0.5 mL (1 dose). <u>Non-medicinal Ingredients:</u> • Tris buffer (10 mM Tris containing 140 mM NaCl, pH 7.7): Tris-hydroxymethyl-amino methane, sodium chloride, water for injection and hydrochloric acid • Trometamol (0.61 mg/dose) (Tris-hydroxymethyl-amino methane), • Sodium chloride, • water for injection The product contains no preservatives and no adjuvants.
Formats available	Imvamune® is supplied as a single 0.5 mL dose in a 2 mL type I borosilicate glass vial closed with a sterile bromobutyl rubber stopper, crimped with an aluminum cap and covered with a polypropylene closure.
Manufacturer	Bavarian Nordic A/S Philip Heymans Alle 3 DK-2900 Hellerup Denmark
Vaccine ordering	Requests for the release of Imvamune® by the territorial pharmacy should be directed to the Regional Communicable Disease Coordinator (RCDC) who will consult with the office of the CPHO if there are questions or concerns about eligibility.
Storage	Imvamune® will be shipped to the health centre at $-20^{\circ}\text{C} \pm 5^{\circ}\text{C}$. Once received, Imvamune® can be stored at $-20^{\circ}\text{C} \pm 5^{\circ}\text{C}$ for up to 3 months and should not be used after the date indicated by the Territorial Pharmacy in the shipping container. The vaccine can also be placed in the fridge and stored at $2^{\circ}\text{C} - 8^{\circ}\text{C}$ for up to 2 weeks prior to use. Do not use after the expiry date provided by the Territorial Pharmacy or after the date shown on the label, whichever is sooner. Do not refreeze a vial once it has been thawed. Store in the original package in order to protect from light.
Handling	Imvamune® should be thawed at room temperature. The single dose vial should be swirled gently (not shaken) for at least 30 seconds to ensure homogeneity upon thawing. The vaccine should appear as a semi-opaque white coloured homogenous suspension. The vaccine must not be used if any foreign particulate matter is visible. Reconstitution is NOT required.
Consent	Consent forms must be reviewed and signed by the individual receiving the vaccine prior to vaccine administration.
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. Each vial is for single use only and should not be used for more than one individual. The entire contents of the vial should be injected.
Dose Series	The primary vaccination schedule consists of two doses of 0.5 mL four weeks apart administered by the subcutaneous route. Post-exposure prophylaxis (PEP) should be offered as soon as possible and within 4 days of last exposure but can be considered up to 14 days since last exposure.

	A second dose should NOT be offered to individuals who received a first dose of the vaccine for PEP, are symptomatic and after medical evaluation meet suspect, probable or confirmed monkeypox case definitions. For immunocompetent individuals who have received a live replicating 1st or 2nd generation smallpox vaccine in the past and who are at high risk, a single dose of Imvamune® may be offered (i.e., as a booster dose), rather than the two dose primary vaccine series). This single Imvamune® dose should be given at least two years after the latest live replicating smallpox vaccine dose.
Special Populations	Imvamune® vaccine may be considered in the following populations in consultation with the RCDC based on exposure risk: • Individuals who are immunocompromised due to disease or treatment • Individuals who are pregnant • Individuals who are lactating • Children and youth <18 years of age • Individuals with atopic dermatitis
Booster Dose	Not available currently.
Vaccine interchangeability	There is no vaccine interchangeability for Imvamune®
Contraindications	• Patients who are hypersensitive to this vaccine or to any ingredient in the formulation or component of the container. For a complete listing, see <i>Vaccine Components</i> section of this protocol • Individuals who show hypersensitivity reactions after receiving the first dose of the vaccine should not be given the second dose. As with other vaccines, vaccination with Imvamune® must be postponed in persons with acute febrile conditions if used for non-emergency (pre-exposure) prophylaxis.
Drug-Drug Interactions	<u>Use with other vaccines:</u> Interactions with other vaccines have not been established. Therefore, concomitant administration of other vaccines should be avoided. To minimize the potential risk of interactions, it is recommended to administer non-live vaccines > 2 weeks and live or mRNA (including COVID) vaccines ≥ 4 weeks before or after administration of Imvamune®. However, there may be times when it is appropriate for Imvamune® to be given as PEP or PrEP without waiting for the above intervals to elapse. In the event of an urgent or emergency need to provide prophylaxis against Monkeypox, please consult the PHO on-call in instances where Imvamune® is indicated for individuals who have received a vaccine within the timeframes noted above. <u>Use with immunoglobulins:</u> Interaction with concomitant administration of immunoglobulins has not been established. <u>Use with other medications:</u> Interactions with other drugs have not been established.
Precautions and Additional Notes	The benefit of protection against infection should be discussed with a client and weighed against the potential risk of recurrent myocarditis for individuals with a history of myocarditis/pericarditis linked to a previous dose of live replicating 1st and 2nd generation smallpox vaccine and/or Imvamune®. A precautionary approach is warranted at this time until more information is available.²

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 the <i>Anaphylaxis</i> section of the Canadian Immunization Guide.
Side Effects	The most common local reactions at the injection site after vaccine administration are pain, erythema, induration and swelling. The most common systemic reactions observed after vaccination are fatigue, headache, myalgia, and nausea. Most of the reported side effects were of mild to moderate intensity and resolved within the first seven days following vaccination.
Reportable Adverse Events/Side Effects	Report all serious adverse events, unusual/unexpected events or administration errors to the RCDC. Review section 3.5 (paying close attention to section 3.5.4 <i>Summary of Reporting Criteria</i>) in the Nunavut Immunization Manual. A Report of adverse events following immunization (AEFI) (canada.ca) form must be completed and submitted to the RCDC. No trends have been identified suggesting the occurrence of any particular unexpected adverse reactions or classes of adverse reactions following the administration of Imvamune®. During clinical trials, cardiac adverse events were reported to occur in 1.4% Imvamune® recipients and 0.2% of placebo recipients who were smallpox vaccine-naïve. Cardiac adverse events were reported to occur in 2.1% of Imvamune® recipients who were smallpox vaccine-experienced.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record.
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Imvamune® Consent Form Imvamune® Fact Sheet Monkeypox Fact Sheet Nunavut Immunization Manual Manuals / Guidelines Government of Nunavut Canadian Immunization Guide Canadian Immunization Guide - Canada.ca Report of adverse events following immunization (AEFI) for Report of adverse events following immunization (AEFI) (canada.ca)
Appendices	Appendix A – Instructions for flipping off cap for Imvamune®
References	1. Government of Canada. Health professional risk communication. IMVAMUNE Vaccine: Updated Storage Conditions and Shelf Life. Available at: IMVAMUNE Vaccine: Updated Storage Conditions and Shelf Life - Canada.ca 2. An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): NACI Rapid Response – Interim guidance on the use of Imvamune® in the context of monkeypox outbreaks in Canada. Available at: guidance-Imvamune-monkeypox-en.pdf (canada.ca)
Approved by the Chief Public Health Officer on October 12, 2022 Department of Health, Government of Nunavut	

Instruction for flipping off cap for IMVAMUNE.

1. On the cap there is a mark for where to flip up the yellow plastic cap, see figure 1a and 1b.

Figure 1a

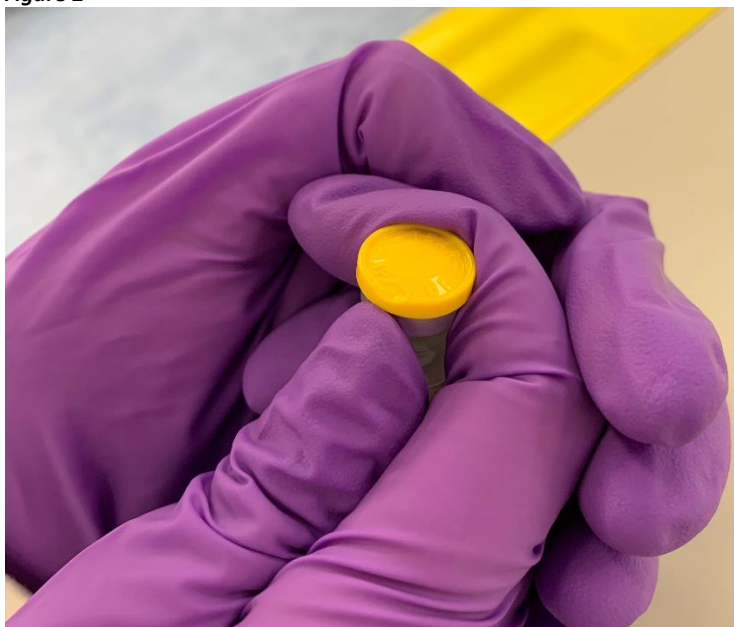


Figure 1b



2. Hold the vial in your hands and use your thumb to flip up the cap where indicated. See figure 2.

Figure 2



3. Carefully open/flip off the yellow cap to a 90° angle. See figure 3a and 3b.

Figure 3a



Figure 3b

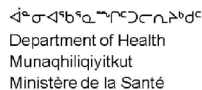


4. Let the cap stay on the metal crimp cap or alternatively flip it all the way off and let the metal crimp cap stay on the stopper/vial to ensure stopper is still fixed to the vial. See figure 4.

Figure 4



5. Extract volume for vaccination using a needle and syringe through the indicated circle on the rubber stopper.



Please fill in or put label:

Last Name

First Name

Community

DOB (dd/Month/yyyy) _____

Health card number: _____ House number: _____

Phone number: _____ **Email address:** _____

Gender: Man ☐ Woman ☐ Prefer to self-describe ☐ **Age:**

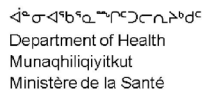
How many doses of smallpox/monkeypox vaccine(s) have you had before? None ☐ One ☐ Two ☐

If you have previously received a smallpox/monkeypox vaccine, specify the **name and date of the previous smallpox /monkeypox vaccine(s) you have received**, if known.

Name of vaccine: _____ Date: / / (month / day / year)

Name of vaccine: _____ Date: ____/____/____ (month / day / year)

Are you feeling ill today?	No ☐ Yes ☐ If yes, please provide details
Do you have or have you had a monkeypox infection?	No ☐ Yes ☐ If yes, please indicate when the symptoms started, if known.
If you have had one or more previous orthopoxvirus vaccine (Smallpox vaccine; live (freeze-dried), Smallpox vaccine; live (frozen-liquid) and/or IMVAMUNE), did you have any side effects after any previous dose(s) (including allergic reactions, hypersensitivity reactions or heart inflammation [myocarditis/pericarditis])?	No ☐ Yes ☐ If yes, please provide details
Are you allergic to eggs or egg products? ¹ <i>Allergic reactions are not a contraindication to immunization with egg protein-containing vaccines. Ask your health care provider who may advise on extra precautions</i>	No ☐ Yes ☐ If yes, please provide details
Are you allergic or could you be allergic to tromethamine ² (trometamol, Tris), benzonase ³ , gentamicin ⁴ or ciprofloxacin ⁴ which are contained in the vaccine?	No ☐ Yes ☐ If yes, please provide details
Have you had an allergic reaction to another vaccine (another type of smallpox/monkeypox vaccine or a non-smallpox/monkeypox vaccine) or other medication given by injection or intravenously in the past?	No ☐ Yes ☐ If yes, please provide details
Are you or could you be pregnant or are you breastfeeding?	No ☐ Yes ☐



Please fill in or put label:

Last Name

First Name

Community

DOB (dd/Month/yyyy) _____

Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy, some arthritis medications)? <i>Ask the health care provider if you are not sure about your medical conditions</i>	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Do you have skin conditions such as atopic dermatitis? <i>Ask the health care provider if you are not sure about your medical conditions</i>	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Have you recently received specific medications for monkeypox treatment (e.g., immunoglobulins)?	No ☐ Yes ☐ If yes, please provide the date of the treatment
Have you received another vaccine in the last four weeks, or do you anticipate receiving a vaccine in the next 4 weeks? <i>To minimize the potential risk of interactions, it is recommended to administer certain types of vaccines 4 weeks before or after administration of IMVAMUNE. Consult your health care provider.</i>	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Have you ever felt faint or fainted after a past vaccination or medical procedure?	No ☐ Yes ☐ If yes, please provide details

1. In Canada, there are several vaccines manufactured by processes involving hens' eggs or their derivatives, such as chick cell cultures
2. Tromethamine (trometamol, Tris) may very rarely cause allergic reactions and is found in some medications injected to do tests (contrast media) as well as other medications taken by mouth or injection, and some creams and lotions. Note that this is not a complete list.
3. Benzonase is used for purification of viral vaccines, viral vectors for vaccine, cell and gene therapy, and oncolytic viruses, removing DNA/RNA from proteins and other biologicals; reduction of viscosity caused by nucleic acids; sample preparation in electrophoresis and chromatography and prevention of cell clumping
4. Gentamicin and ciprofloxacin are used as antibiotics in the treatment of some bacterial infections.

I have read (or it has been read to me) and I understand the "Information sheet for IMVAMUNE (smallpox/monkeypox) vaccine for adults 18 years of age and older". I have had the opportunity to ask questions and to have them answered to my satisfaction. I consent to receiving the vaccine.

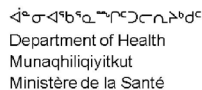
Signature: _____

Print name: _____

Date of signature: _____

If signing for someone other than yourself, indicate your relationship to that other person:

☐ I confirm that I am the parent / legal guardian or substitute decision maker.



Please fill in or put label:

Last Name _____

First Name _____

Community _____

DOB (dd/Month/yyyy) _____

VACCINE	DOSE/ ROUTE	LOT NUMBER	EXPIRY DATE	SITE and ROUTE	TIME GIVEN	DATE GIVEN Month/day/ year	GIVEN BY Name and designation
IMVAMUNE smallpox / monkeypox vaccine	0.5 ml/SC						

Comments:

Information Sheet

IMVAMUNE (smallpox/monkeypox) vaccine for adults 18 years of age and older

Please read this information sheet carefully and ensure all your questions have been answered by a health care provider before receiving the vaccine.

What is monkeypox?

- Monkeypox is a viral disease that can be transmitted from animals to humans, from person-to-person or through direct contact with contaminated objects, though the exact way the virus spreads is not completely known at this time. Transmission can also occur from mother to fetus (which can lead to congenital monkeypox) or during close contact during and after birth. Sexual transmission has not been previously identified as a mode of transmission, though sexual partners also have close direct contact. For more information on each mode of transmission, please consult this link: [Monkeypox: Risks - Canada.ca](https://www.canada.ca/en/public-health/services/diseases/monkeypox-risks.html).
- Signs and symptoms of monkeypox can typically include lesions or sores on your skin, including in your mouth, genitals, or peri-anal area, fever and swollen lymph nodes.
- The number of lesions varies and you can be contagious from onset of first symptoms until scabs have fallen off on their own and the skin is healed.
- There are no standard treatments for monkeypox. However, antivirals developed for use against smallpox and post-exposure vaccination with the smallpox vaccine may help and prior vaccination against smallpox may provide cross-protection.

How does the IMVAMUNE vaccine protect against monkeypox?

- IMVAMUNE was originally developed to be used for the prevention of smallpox. When a person is given the vaccine, the immune

system (the body's natural defense system) will produce its own protection in the form of antibodies against the smallpox virus. IMVAMUNE does not contain smallpox virus and cannot spread or cause smallpox.

- Vaccination against smallpox was demonstrated through several observational studies to be about 85% effective in preventing monkeypox. Prior smallpox vaccination may result in milder illness.

Who can and cannot receive the smallpox/monkeypox vaccine at this time?

- The IMVAMUNE vaccine may be offered to adults 18 years of age and older who do not have contraindications.
- Although IMVAMUNE is not authorized for children and has not been studied in this population, they may be at higher risk of severe outcomes from monkeypox infection and may benefit from vaccination. There is a lack of evidence of safety and efficacy of IMVAMUNE pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) in this group, though indirect evidence of clinical testing of other vaccine types indicates that IMVAMUNE components are well tolerated in recipients under 18 years of age.
- IMVAMUNE has been administered to individuals aged 56 to 80 years of age with no difference in safety compared to younger adults.



Immunization Protocol for BEYFORTUS™

(Nirsevimab injection)

Purpose	To provide information and guidance for the Beyfortus™ program in Nunavut.
Objective/Indication	Protect infants from serious morbidity and mortality secondary to respiratory syncytial virus (RSV) infection.
Eligibility	Beyfortus™ is publicly funded for routine administration to: • All infants at birth • A second dose of Beyfortus™ is also indicated for children up to 24 months of age at the start of the RSV season (5-month minimum interval between the first and second dose) and may be administered at the discretion of the attending immunization provider given the child meets at least one of the following criteria: ○ Bronchopulmonary dysplasia or chronic lung disease of prematurity (CLD-defined as a need for oxygen at 35 weeks GA) currently requiring or has required in the past 6 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. ○ Recent heart transplant within six months of the onset of RSV season or awaiting a heart transplant. ○ Severe congenital airway anomalies impairing clearing of respiratory secretions ○ Neuromuscular disease impairing clearing of respiratory secretions. Beyfortus™ may also be indicated for children who do not meet the above criteria. Healthcare providers who wish to recommend Beyfortus™ must submit a registration form via the RCDC for CPHO approval and provide supporting documentation. Examples of conditions that will be considered include children <24 months with immunodeficiencies, Down Syndrome, cystic fibrosis, upper airway obstruction, or chronic pulmonary disease, repeated medevacs and/or hospitalizations. Please note that this is not an exhaustive list of conditions that will be considered for approval. * For infants receiving a second dose, Beyfortus™ may be administered anytime during the declared RSV season (preferably as soon as possible after the declared start of the season), provided 5 months has elapsed since the first dose. Infants who are born or receiving care in jurisdictions with a seasonal RSV prevention program MAY receive a dose of Beyfortus™ in that jurisdiction. Please review all documentation (discharge summary etc.) of infants returning from out of territory prior to administering Beyfortus™. *Please see Appendix A: Beyfortus™ Registration Form
Product	Beyfortus™ is a humanized monoclonal antibody, given by injection
Vaccine Type	Passive immunizing agent
Vaccine components	Medicinal ingredient: nirsevimab Non-medicinal ingredients: L-arginine hydrochloride, L-histidine, L-histidine hydrochloride, Polysorbate 80, Sucrose, and Water for injection
Formats available	Beyfortus™ is supplied in 50 mg and 100 mg single-use, pre-filled syringes.
Manufacturer	Sanofi Pasteur Limited 1755 Steeles Ave W Toronto, Ontario

	M2R 3T4
Administration	Beyfortus™ is available in a 50 mg pre-filled syringe with a purple plunger rod and a 100 mg pre-filled syringe with a light blue plunger rod. Check the labels on the Beyfortus™ carton and pre-filled syringe to make sure you have selected the correct 50 mg or 100 mg presentation as required based on the infants or child's weight. Visually inspect Beyfortus™ for particulate matter and discolouration prior to administration. Beyfortus™ is a clear to opalescent, colourless to yellow solution. Do not inject Beyfortus™ if the liquid is cloudy, discoloured, or it contains large particles or foreign particulate matter. Do not use if the Beyfortus™ pre-filled syringe has been dropped or damaged, the security seal on the carton has been broken, or the expiry date has passed. Beyfortus™ is administered intramuscularly, preferably in the anterolateral aspect of the thigh. The gluteal muscle should not be used routinely as an injection site because of the risk of damage to the sciatic nerve. If two injections are required, different injection sites should be used. Please refer to product monograph for further administration information.
Dose Series	Beyfortus™ is a single fixed dose of 50 mg for infants with body weight <5 kg or a single fixed dose of 100 mg for infants ≥5 kg, given as a single muscular injection. Children approved for a second dose should receive a single dose of 200 mg given as two intramuscular injections (2 x 100 mg). However, if the child weighs less than 10 kg entering their second RSV season, consideration can be given to administering a single dose of 100 mg at clinical discretion. Please refer to product monograph for more information. Beyfortus™ should be administered as soon as feasible after birth for all infants. Infants who are eligible for a second dose of Beyfortus™ according to the eligibility criteria above, or have received approval from the CPHO, should be given a dose as soon as the start of the RSV season has been declared by the Office of the Chief Public Health Officer provided that 5 months has elapsed since their previous dose of Beyfortus.
Vaccine interchangeability	Beyfortus™ is not interchangeable with any other products. For infants whose gestational parent received RSVpreF (prenatal RSV immunization), Beyfortus™ should still be administered.
Contraindications	Beyfortus™ is contraindicated in individuals with a history of severe hypersensitivity reactions, including anaphylaxis, to this drug or to any ingredient in the formulation, including any non-medical ingredient, or component of the container.
Drug-drug interactions	Beyfortus™ does not interfere with the immune response to vaccines and can be administered at the same time in a separate site as other immunizations; the routine childhood immunization schedule can be maintained (including administration of BCG). There is limited evidence around the interaction between TSTs and Beyfortus™. However, there is unlikely to be any interaction between them. TST and Beyfortus™ can be given on the same day or at any interval.
Precautions and Additional Notes	• Beyfortus™ is not recommended for an infant who has a current confirmed RSV infection or a previous confirmed RSV infection in the current RSV season. Consideration may be given in the case of severely immunocompromised infants who may still benefit from the monoclonal antibodies as they may not mount an immune response to the RSV infection. Please consult the RCDC. • The safety and efficacy of Beyfortus™ in infants with body weight below 1.6 kg and in extremely preterm infants (gestational age <29 weeks) less than 8 weeks of age has not been established. Please consult RCDC.

	• For minor illnesses, proceed to administer if client meets the eligibility criteria. • Defer administration in those with moderate to severe illness, with or without fever. • As with any other intramuscular (IM) injections, Beyfortus™ should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to individuals on anticoagulation therapy. • Serious hypersensitivity reactions, including anaphylaxis, have been observed rarely with other IgG1 monoclonal antibodies. If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medicinal products and/or supportive therapy. Please refer to Nunavut Immunization Manual section 3.7 - Microsoft Word - 3.0 Practice Guidelines TOC 16Feb2014 (gov.nu.ca)
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Beyfortus™ should be ordered and distributed in accordance with standard pharmacy ordering procedures.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Keep the pre-filled syringe in the outer carton to protect from light. Beyfortus™ may be kept at room temperature (20°C - 25°C) for a maximum of 8 hours. After removal from the refrigerator, Beyfortus™ must be used within 8 hours or discarded. Do not freeze, shake or expose to heat.
Consent	Verbal consent must be provided by the parent or legal guardian prior to administration and must be documented by the immunization provider in the electronic medical record. Written consent may be used at the discretion of the healthcare provider. Please see Appendix B - Beyfortus™ Consent Form
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide - Canada.ca and the Nunavut Immunization Manual section 3.7 - Microsoft Word - 3.0 Practice Guidelines TOC 16Feb2014 (gov.nu.ca)
Side Effects	Redness or swelling at the injection site, fever, rash.
Reportable Adverse Events	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: Report of adverse events following immunization (AEFI) (canada.ca) • An Incident Report should be submitted via Meditech for reporting medication errors and other events. If there is an AEFI and a vaccination error, both AEFI and an Incident Report form should be completed. All completed forms should be faxed or emailed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; qikiqtaaluk_rcdc@gov.nu.ca Kitikmeot: 867-983-4088; fdigout@gov.nu.ca

	Kivalliq: 867-645-2409 kivalliq_rcdc@gov.nu.ca
Documentation	All immunizations given should be documented on the Immunization Card and in Meditech under the appropriate immunization panel. This also includes transcribing any Beyfortus™ doses given out of territory under Immunization History on Meditech and on the paper immunization card.
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 Beyfortus™ Fact Sheet
Appendices	Appendix A: Beyfortus™ Registration Form Appendix B: Beyfortus™ Consent Form
References	1. Beyfortus™ Product Monograph. Sanofi Pasteur Limited. Available at: 00075966.PDF 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: Respiratory syncytial virus (RSV) vaccines: Canadian Immunization Guide - Canada.ca 3. National Advisory Committee on Immunizations (NACI). Statement on the prevention of respiratory syncytial virus disease in infants. 17 May 2024. Available at: Statement on the prevention of respiratory syncytial virus disease in infants - Canada.ca

Beyfortus™ Registration Form for High-Risk Children <24 months of age

Appendix A

Submission Date:

____ (DD) ____ (MM) ____ (YYYY)

Last Name: _____

First Name: _____

Sex: ☐ Male ☐ Female

Date of Birth: ____ (DD) ____ (MM) ____ (YYYY)

Chart #: _____

Health Card #: _____

Home Community: _____

With approval of the Chief Public Health Officer, Beyfortus™ may also be indicated for children up to 24 months of age at the start of the RSV season outside of the eligibility criteria stated in the protocol.

For infants receiving a second dose, Beyfortus™ may be administered anytime during the declared RSV season (5-month minimum interval between first and second dose).

Please provide written rationale and supporting documentation with this application.

Practitioner Name:

Contact Information:

Signature:

APPROVED? YES ☐ NO ☐

CPHO/DCPHO Signature: _____

Date: (DD) (MM) (YYYY)

Fax: 1-867-979-3190

Email: CDCLabs@gov.nu.ca



Last Name: _____

First Name: _____

Sex: ☐ Male ☐ Female

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

Health Card #:

- Beyfortus™ (nirsevimab) provides protection against Respiratory Syncytial Virus (RSV), the cause of potentially serious respiratory illnesses.
- The protection that Beyfortus™ provides against RSV lasts for approximately 5 months.
- Be aware your child may not be eligible to get Beyfortus™ if they have:
 - Known hypersensitivity (allergy) to Beyfortus™ components or other humanized monoclonal antibodies.
 - Moderate to severe illness, with or without fever (call the health centre to inform them and to reschedule your child's appointment for as soon as possible).
- Side effects/adverse events:
 - Uncommon: rash, injection site reaction, fever
 - Very rare: severe allergic reactions, anaphylactic shock.

- Child's current weight (kg)** _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Fact Sheet

RSV Prevention: Beyfortus™ (Nirsevimab)

What is RSV?

RSV, or Respiratory Syncytial (pronounced “sin-sish-ul”) Virus, is a common viral illness that affects the lungs and airway and is the most frequent cause of lower respiratory tract infections in children. Almost all children have had RSV by the time they are three years old. Most children who have RSV experience minor cold symptoms that last 1 to 2 weeks.

Children at higher risk for complications from RSV include children who:

- Are born prematurely
- Have chronic lung disease
- Have heart disease

How is RSV Spread?

RSV is easily spread through droplets in the air such as coughing, by touching contaminated surfaces, or contact with someone who is infected with RSV.

How is RSV treated?

There is no specific treatment for RSV, but Beyfortus™ is recommended for all infants to help prevent RSV.

What is Beyfortus™?

Beyfortus™ is a type of medication called a monoclonal antibody that can be given to babies. It is given as a one-time dose to babies shortly after birth. For some infants with risk factors for severe illness due to RSV, it may be given again in their second year of life.

Is Beyfortus™ a vaccine?

No, Beyfortus™ is not a vaccine, it is a type of antibody. It is like other antibodies that we create naturally to fight off infections.

How is Beyfortus™ given?

Beyfortus™ is given by needle into the thigh muscle. If your child requires a larger dose, they may receive a shot in each thigh. This can be given at the same time as other routine immunizations.

What if my child received Synagis® in another province before coming home to Nunavut?

If your child received Synagis® in another province or territory before coming home to Nunavut, they can still receive a dose of Beyfortus™. Your child must wait 28 days between a dose of Synagis® and a dose of Beyfortus™. Please call your health centre to make an appointment.

Can my child still catch RSV while they are receiving Beyfortus™?

Yes, but the risk of severe illness is reduced. Beyfortus™ does not protect against other illnesses, such as colds and influenza.

Are there side effects after receiving Beyfortus™?

Yes, there are potential side effects. Fever and rash are very common after receiving Beyfortus™. Other common side effects include redness or swelling at the injection site. Severe allergic reactions to Beyfortus™ are very rare.

You and your child will be asked to wait in the clinic for 15-30 minutes after the injection is given to monitor for serious side effects.

Beyfortus™ Aftercare Information

- Your child can continue drinking or eating as usual before and after Beyfortus™ is given
- If your child experiences any serious side effects, please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from Beyfortus™, talk with your health care provider

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 <u>should never be given in the gluteal region</u> as this may result in a decreased immune response. The Rabies vaccine should be given in a site <u>as far away as possible</u> from the Rabies Immune Globulin (if indicated). Note: Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated <u>only</u> 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 (Rablg)	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 (Rablg)	Serology Testing (Rabies antibodies titer)
Previously appropriately immunized Immunocompetent individuals	1 mL	0, 3	Not routinely indicated	Not routinely indicated
Previously appropriately immunized immune compromised individuals	1 mL	0, 3, 7, 14, and 28 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Incompletely or inadequately immunized individuals or if antibody titers are unknown	1 mL	0, 3, 7, and 14 days	Yes	Should be checked on day 0, prior to initiation of treatment. If antibody titers are >0.5 IU/mL, the series can be discontinued after the second dose on day 3. Otherwise complete full series of immunization.
Special Instructions	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 (Rablg)	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 <u>only</u> in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	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 reactions include headache, nausea, abdominal pain, muscle aches and dizziness. Serious systemic anaphylactic or neuromuscular 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® <u>should never be given in the gluteal region</u> as this may result in a decreased immune response. The Rabies vaccine should be given in a site <u>as far away as possible</u> from the Rabies Immune Globulin (if indicated). Note: Intradermal (ID) injection is not recommended in Nunavut.

Post-exposure Prophylaxis				
Eligibility	Post-exposure prophylaxis is indicated <u>only</u> 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 (Rablg)	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 <u>only</u> in those with ongoing high risk of exposure.
Immunization in immune-compromised individuals *see section on special instructions	1 mL	If necessary the schedule is 0, 7, and between 21 to 28 days.	No	Should be checked 7 to 14 days after completion of series to ensure adequate immune response.
Special Instructions	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	- RabAvert® Product Monograph. Novartis Pharmaceuticals Canada Inc. February 5, 2010. - 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 serremments 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)


$$\Delta^{\epsilon_b b_0} \Delta^{\epsilon_b \Delta^b} / \Delta^{\epsilon_a \sigma} \Delta^{\epsilon_b \Delta^b}:$$

005b5Δc

466

 $\Delta^c \supset \zeta^b$ ($\Delta^c \supset \zeta^b / C^b p^b / \Delta^c \dot{\zeta}^b$)

▷^c▷^{fb} (▷^c▷^{fb}/C^{fb}ρ^{fb}/▷^q↯)



Nakimayunik Aktuqtautinani Kappuut Prophylaxis-nik Angirutit

Iglu/Igluqpak #: _____
Titiiqqiqivia #: _____
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 Aanniaqtaaqiit: ☐ Hii (titirarlugit) _____	☐ Piisak
2	Mihigimavakpigit kitlullikaak ukunannga nakimayunut kapuqtaugavit : ☐ aniqhaaktaruvit nivyaqtrut hatqat hukattuni ☐ ayuqhaqqit aniqhaatariarni ihiyaarni ☐ Piisak ☐ puvitpa qaniit iggiallu ☐ Aanniarvingmiipkatauvit ☐ Guillain-Barré Syndrome-mik pivot ☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____	
3	Auliraangavit auguilimaiqpakpit imaluuniit aungmut avukhanik?	☐ Hii ☐ Imannaq
4	Uuminga piqaqit Avaliingaaq immunoglobulin A (IgA) piqalluanngitpiit?	☐ Hii ☐ Imannaq

NAKIMAYUNUT KAPPUURNIY ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Kappuutuutit Ilitturidjutikhat* apiqhuutitkalu kiuyayut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutit.

Angiqtungu ____ kapuffaatautit Nakimayunik Kappuutit: ☐ Uvamnut ☐ Nutaramnut ☐ Pamiqtamnut/Munariyamnut

Titirattiarlugu atiit

Atiliurvia Ikayuqtauyup Angayuqqaap/Munaqtiataluunit

Ublua (dd/mm/yyyy)

NAKIMAYUNUT IMMUNE GLOBULIN-NIK ANGIRUTIT:

Taiguqtatka kangiqhipkatitaublungalu *Nakimayunut Immune Globulin-kut Ilitturidjutikhaq* apiqhuutitkalu kiuyayut naammagiyamnik. Kangiqhiyatka ikayuutikhat qayaanganutillu kapuutit.

Angiqtungu 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)



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 Aanniaqtaaqiit: ☐ Hii (titirarlugit) _____	☐ Piisak
Mihigimavakpigit kitlulluqaak ukunannga nakimayunut kapuqtaugavit :	
☐ aniqhaaktaruvit nivyaqtrut hatqat hukattuni	☐ ayuqhaqqit aniqhaatariami ihiyaarni ☐ Piisak
☐ puvitpa qaniit iggiallu	☐ Aanniarvingmiipkatauvit
☐ Guillain-Barré Syndrome-mik pivit	☐ aallanik qayangnaqtunik mihingnaqqa (naunairlugu): _____

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

ANIRUTIT:

Kangiqhipjakaqtayunga taapkua *Nakimayunut Kapurniq Ilitturipkaidjutit* kiuyaakta apiqhuutit ihuariyamnik. Kangiqhiyatka ikayuutait qayangnautait kappuutit.

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 serremments de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin, y compris une allergie aux oeufs.
- Une réaction grave suite à une dose précédente de vaccin contre la rage.

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

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



Ilitturidjutikhaq

Nakimayunik Kappuutit

Hunali Nakimayuq?

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

Nakimayuq kappuutit nakimmaktailiyautauva? Qanuraaluk Nakuuva?

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

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

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

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

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

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

Is the vaccine safe?

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

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

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

- Severe allergic reaction to a previous dose of anything in the vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- A severe reaction after a previous dose of rabies vaccine.

Rabies Vaccine After Care

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



Fact Sheet

Rabies Immune Globulin

What is rabies?

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

Who should get Rabies Immune Globulin?

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

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

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

Does Rabies Immune Globulin protect you against rabies?

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

Is Rabies Immune Globulin safe?

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

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

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

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

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

What is the risk of not getting Rabies Immune Globulin?

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

Where can I get more information?

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



Ilitturidjutikhaq

Nakimayunut Immune Globulin-kut

Hunali Nakimayuq?

Nakimayuq qayangnaqtuq niryutitut inunngnullu. Nakimmangnaqtuq nakimayunit niryutitut taamna aanniarut . naluqharnaqhinaqhuni, aniqhaaqtariami ayurnaqhiluni, qiiqilaqinnaqhuni, qariatrlinaqhuni tuqunnaqhunilu. Hapkuia ilitturinnaghiyunaittut marlungni iinut havailaarnut avatquluguluuniit. Nakuuhinnaittuq nakimaniq. Nakimaktaililuni kihimi inunngit nirutiniluuniit.

Kina pittaappa Nakimayuq Immune Globulin-mik?

Kinaliqaak kapuqtauhiannagittuq nakimaktailitnik kiittiqhimayuq, qittuqtauhiannayuq, aluktauhiannayuq killiqarumi kilaaqhimagumi nakimmangnahugiyauyunit kapiyauyukhauyuq Nakimayuq Immune Globulin-mik.

Hunali Nakimayuq Immune Globulin (Rablg) kialu kapuqtuittaappa?

Rablg havautauyuq nakimmatailidjutaayuq kimulliaqak nakimayunit piyauhimakpat aanniarutitaqtunit. Havaktauhiannayuq aunganit inuup nakimmaktitaulimaitumit. Ilanga Rablg-tip iliyauvaktuq avataigut iluanut killiup kappuunmut ilangattaup nukianut kanaangata taliatalu/luuniit.

Nakimayuq Immune Globulin nakimmaktailiyautauva?

Hii, Nakimayuq Immune Globulin, piyagumi tamainik atuqtauukhanik Nakimayuq Kapurutainik, nakimaktailiyutauvaktuq.

Nakimayuq Immune Globulin aannialaqinaitpa?

Hii. Ilangit uluriahukpajut mikiyumik , puviqkaqhutiglu, aupayaalaqiblutiglu qaffini ubluni kapuqhirviagut. Ilangit niaqurliurlutik, nukiilu ulurianarlutik unaguhuglutiglu. Kapuqtauuyut qanuriliyuituugaluityuitutik aannialaqidjutigiuitugulu.

Rablg havakpagaat inuup aunganit imaalu hunaqarniarunaqtut aanniarutinaitarvinik, kihimi una mikiyuq ihivriutauvangmata aut tuniyauhimayut, kihimitauq aannialaqinaqtaqtut.

Kia uqaqatigittaaqagut munaqhit kapuqhiqtinnatik Nakimayuq Immune Globulin-mik?

Unniutidjavat munaqhit ukuninnga aanniarutiqahimaguvit:

- Aanniarutiningnaqtut timit nakuuginngitainik piyariqhimaamngnut taaffuminga Immune Globulin. Aniqhaaktaraangat tuhaanaqhiluni, hatqat hukatirluni iggiallu aniqhaaktariami iihiluniluuniit ayurnaqhiluni
- Timimut nakuuginngitainik hunanut iluaniittunut talvani Rablg-mi.
- Auglaqitaaruvit aturuviluuniit aungnut imaqtirutinik.
- Avaliinaqtut immunoglobulin A (IgA) piqalluanginik.

Nakimmangnaqtaappa kapuqhinngitkumik Nakimayuq Immune Globulin-mik?

Pitquyauyut Nakimayuq Immune Globulin-mik kihimi piyumanngitkuvit, aannialaqinginaqtutit nakimanirmik imaa qauyimairlutit, aniqhaaktariami 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 serremments de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient compris dans la RIg.
- Vous avez des troubles de coagulation ou vous prenez des anticoagulants.
- Vous présentez un déficit isolé en immunoglobulines A (IgA).

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

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

Où puis-je obtenir davantage d'information ?

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



အမှတ်အသားများကို ဖော်ပြပါအတိုင်း ဖော်ပြပါအတိုင်း

Λένε ρητορικά?

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ԲԾԸ ԱՆՀԱՐԿԻՉ ԱՐԿԻՇԴԵ ԵՆԾԵՆՈՎՆԵՐԸ?

[illegible]

የገቢዎች ለፍጥነት ምርመራ (Rablg)
የገቢዎች ምርመራ ምርመራ?

[illegible][illegible][illegible][illegible][illegible][illegible]

የፅሁፍ ምረቃ ስርዓት ለማሳካት ለሚገባው ምረቃ ስርዓት ማሳካት?

ᐃᓐᓂᐃᓐᓂ ᐃᓗᐃᓐᓂᐃᓐᓂ ᐃᓐᓂᐃᓐᓂᐃᓐᓂ ᐃᓐᓂᐃᓐᓂᐃᓐᓂ ᐃᓐᓂᐃᓐᓂᐃᓐᓂ:

- በጥናቱ ሲሆን ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው። ሲሆን ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው።
- ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው። ሲሆን ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው።
- ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው። ሲሆን ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው።
- ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው። ሲሆን ለጥናቱ የሚያስፈልጉትን ሁሉም ዓይነት ምርመራዎችን ለፍጥነት ማድረግ አስቸኳይ ነው።

ኖጠኛ ልገር፣ ደካብ ሥራ፣ ለግንጽ ምሥክርና ገረጽ
ጸላኝ ምስክር?

[illegible]

የኮሙኒኬሽን ስልጠናዎች ለምን ያስፈልጋሉ?

[illegible]

Immunization Protocol for IMOGAM[®] Rabies

Rabies Immune Globulin (Rablg)

Purpose	To provide information and guidance for the use of rabies immune globulin (Rablg) in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent the infection of rabies in Nunavummiut.
Indication	Rabies Immune Globulin (Rablg) is indicated for individuals requiring post-exposure prophylaxis, as identified through the Rabies Public Health Protocol in the Communicable Disease Manual under the guidance of the Chief Medical Officer of Health (CMOH) for Nunavut.
Eligibility	Rablg 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 Rablg as possible should be infiltrated into and around the wound. The remainder should be administered intramuscularly (IM) in the ventrogluteal site (hip) or the anterolateral thigh (vastus lateralis) using a separate syringe and needle. The site should be distant from the site of the Rabies vaccine administration. The dorsogluteal site (buttocks) should not be used, due to risk of injury to the sciatic nerve (see Appendix A).
Dose Series	Given as a single dose of 20 IU/kg (no maximum volume) as soon as possible after exposure. The first dose of the rabies vaccine should be given at the same time at a separate anatomical site. Rablg may be administered up to the 7 th day after the first dose of the rabies vaccine is given.
Booster Dose	Not applicable
Vaccine interchangeability	Not applicable
Contraindications	No known contraindications. Rablg should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations. Rablg should be used with caution in those with bleeding disorders as bleeding complications may be encountered due to intramuscular injection. Rablg should be given with caution in patients with isolated immunoglobulin A (IgA)

	deficiency, due to the increased risk of anaphylactic reactions to subsequent administration of blood products that contain IgA.
Precautions and Additional Notes	Live vaccines should be deferred for at least 3 months after Rablg, as Rablg may interfere with the immune response. For specific guidelines, discuss with the regional CDC. Rablg is made from human plasma and may contain infectious agents that can cause disease. This risk has been reduced by a thorough screening of donors, however there is still a potential for disease transmission. The risks and benefits of Rablg should be discussed with the patient or their parent/guardian before administration. Under no circumstances should Rablg 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	Rablg 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

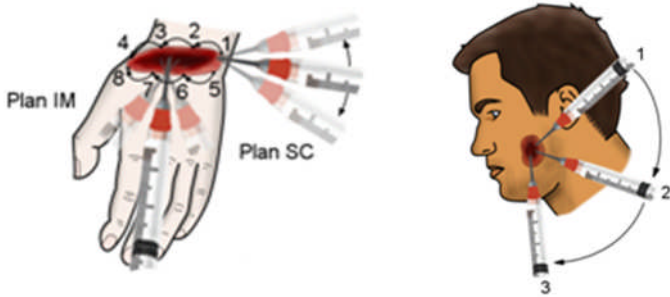
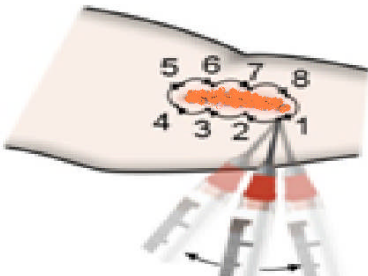


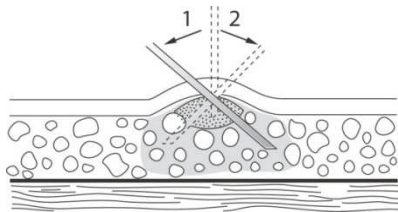
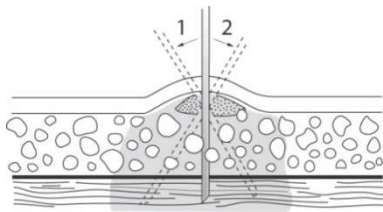
Injection Technique for Rabies Immune Globulin (Rablg)

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

Injection in an Open Wound	Injection in a Closed Wound
	
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.