Nunavut Influenza Program 2012-13

Department of Health and Social Services

October 2012
Nunavut Influenza Program 2012-13

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INFLUENZA

Infectious Agent
Influenza viruses are classified into three distinct types on the basis of major antigenic differences: influenza A, B and C. Influenza A is further categorized into subtypes based on the presence of two surface antigens: hemagglutinin (H) and neuraminidase (N).

Clinical

Clinical Presentation
Influenza is an acute respiratory illness. Influenza-like illness (ILI) is defined as: acute onset of respiratory illness with fever and cough and one or more of sore throat, arthralgia, myalgia or prostration. Fever may not be prominent in the elderly and children less than five years old. Nausea, vomiting and diarrhea are uncommon; however, such symptoms may accompany the respiratory phase of the disease in children. In some cases it will be difficult to distinguish influenza from other respiratory illnesses.

Diagnostics
The specimen of choice for seasonal influenza virus is the nasopharyngeal (NP) swab taken within the first four days of illness onset.

For surveillance purposes, when influenza is suspected in the community take a NP swab for up to 10 patients that meet the ILI definition in a variety of age groups.

Once influenza has been identified in the community, do not test further unless it is: (1) directed by the MOH office and (2) for diagnostic purposes in children and those with severe illness.

See Appendix A for NP swab procedure.

Treatment
See the Seasonal Influenza Antiviral Treatment Protocol Algorithm in the GN Drug Formulary.

Pathogen

Occurrence
Worldwide: The annual global mortality rate is estimated to be approximately 1 million, with majority of deaths in those over 65 years, however this depends on circulating strain.

Canada: It is estimated that in a given year there are up to 20,000 influenza-related hospitalizations and between 4,000-8,000 influenza-related deaths, predominantly in seniors.

Nunavut: The most likely subtypes are Seasonal H3N2, Seasonal or Pandemic H1N1.

Reservoir
Primarily human, birds and mammals are likely sources of new human sub-types.

Transmission
Person-to-person by droplet spread. As droplets are released or shed from an infected person when they sneeze, cough or talk they can be propelled (generally up to 2 meters) through the air and deposited on the mouth or nose of people within this range.

Though much less frequent, droplets may also be deposited on objects and spread infection to those touching the surfaces and bringing the virus to their mucous membranes.

Incubation Period
Usually 1-3 days.

Communicability
Adults may become infectious during the 24 hours prior to onset of symptoms until approximately 5-7 days after illness onset. Viral shedding in those infected usually peaks during the first three days of illness and ceases within 7 days but can be prolonged in children (greater than 10 days) and the immunocompromised.

Special Precautions/Considerations
Precautions: Droplet
Reporting
Notifiable: Yes
Reporting: Routine
### Susceptibility and Resistance

The impact of epidemics and pandemics depends on the population immunity level, strain virulence, extent of viral antigenic variation and number of previous infections. Age-specific attack rates reflect persisting immunity from past infections and experience with similar strains; For this reason the infection incidence is often highest in school-aged children.

### Public Health Management

**Case**

Individual cases of influenza do not require public health follow-up. No case report form is required.

Advise individuals to stay away from common settings like work while ill to limit exposure to others, especially those at high risk for complications, until they are feeling well.

**Contacts**

Contact management of influenza cases is not recommended.

**Outbreaks**

Call RCDC if an increase in influenza or influenza-like illness activity is noted.

### Prevention Messaging

The best prevention measure is an annual influenza immunization. All Nunavut residents aged 6 months and older are eligible for publicly funded influenza vaccine yearly. Refer to immunization section for immunization program details.

Basic personal hygiene is important in reducing transmission e.g. covering nose and mouth when coughing or sneezing, coughing into the elbow or sleeve, regular hand hygiene.

Prevention recommendations in residential group settings (Appendix B) and community settings (Appendix C and D) are also provided.

**NOTE:** If pneumococcal vaccine has not already been given, take the opportunity to vaccinate adults 50 and older as well as other high-risk individuals against pneumococcal disease when influenza vaccine is given.

### Health Settings Management

**Infection Control Measures in Health Care Settings**

Use Routine practices and droplet/contact precautions.

Suspect influenza cases should be placed in a designated isolation room away from other patients as soon as possible or separated by at least two meters from other people waiting if it is not possible to use a separate room.

Individuals suspected to have influenza should be instructed to put on a surgical/procedural mask (with ear loops) while they are in the clinic, if tolerated.

Diligent hand hygiene using either liquid soap and water or 60-90% alcohol-based sanitizer, before and after patient contact/assessment and after contact with contaminated equipment.

Careful handling of contaminated linen and garbage.

Usual procedures for cleaning and disinfecting rooms and patient care equipment are sufficient for influenza. Increased frequency of cleaning may be required if there is increased incidence or in an outbreak situation.

**Occupational Health**

Staff should wear a surgical/procedural mask and eye protection when in close contact with the secretions of infected patients (within 2 meters).

Staff providing clinical care to these patients should also wear gloves and gown/apron, as surfaces may be contaminated with infectious droplets.
Surveillance

Case Definition

1.0 ILI
Not every case of ILI is a case of influenza however studies have found that ILI trends are a good proxy measure of influenza activity in an area. For this reason, Nunavut monitors ILI numbers from the community health centers and hospitals one day per week.

1.2 ILI Case Definition
- The sudden onset of respiratory illness with a history of fever and cough and one or more of the following: sore throat, arthralgia, myalgia or prostration which could be due to the influenza virus
- In children under 5 years old, gastrointestinal symptoms may also be present
- In patients under 5 or 65 years and older, fever may not be prominent

2.0 Influenza Case Definition
- Clinical illness defined as ILI
- Clinical illness with laboratory confirmation of infection:
  - Isolation of influenza virus from an appropriate clinical specimen, OR
  - Demonstration of influenza virus antigen in an appropriate clinical specimen, OR
  - Significant rise (e.g. fourfold or greater) in influenza IgG titre between acute and convalescent sera, OR
  - Detection of influenza RNA

Note: Illness associated with novel influenza viruses may present with other symptoms.

3.0 Outbreak
For Nunavut purposes an influenza outbreak is defined as:
- A single laboratory confirmed case of Influenza
- Community clinics report above expected levels of ILI

Reporting Requirements and Forms

Influenza, regardless of type (e.g. Influenza A, Influenza B, pH1N1), is a reportable infection. A case report form is not required for laboratory confirmed influenza cases.

ILI surveillance is conducted in Community Health Centre and QGH ER each Tuesday

1. Complete the ILI and RI Reporting Form (Appendix E)
   - Count all patients seen starting Tuesday for a 24 hour period e.g. 0830h-0830h or 2400h-2400h
   - Count the patients seen meeting illness case definition
   - Fax the form to the RCDC each Wednesday by end of day and the influenza vaccine consent forms form daily to the RCDC as follows:
     - Baffin: 867-975-4833
     - Kitikmeot: 867-983-4088
     - Kivalliq: 867-645-8272

*If you cannot contact your RCDC, contact the TCDC at: 867 975-5734

2. RCDCs aggregate the community data and forward to headquarters each Thursday by noon. Note: The aggregate report form for RCDCs is distributed electronically and is not included in this package.

3. Report outbreaks to RCDC who will report these to Headquarters with the ILI report
## Tools

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Materials &amp; Resources</th>
</tr>
</thead>
</table>

## References

# Influenza Immunization Program

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Provide information and guidance for the Influenza immunization program in Nunavut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>To reduce morbidity and mortality secondary to influenza infection</td>
</tr>
<tr>
<td>Indications</td>
<td>Active immunization against influenza caused by the specific strains of the influenza virus contained in the vaccine.</td>
</tr>
<tr>
<td><strong>Products</strong>&lt;br&gt;<strong>FLUMIST®</strong>&lt;br&gt;Vaccine Type</td>
<td>Live attenuated</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Intranosal spray</td>
</tr>
<tr>
<td>Dose Series</td>
<td>0.2 mL (0.1 mL in each nostril)</td>
</tr>
<tr>
<td><strong>FLUVIRAL®</strong>&lt;br&gt;Vaccine Type</td>
<td>Inactivated – split virus</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>GlaxoSmithKline (GSK)</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Intra muscular</td>
</tr>
<tr>
<td>Dose Series</td>
<td>0.5 mL (usually given into the deltoid)</td>
</tr>
<tr>
<td><strong>Eligibility</strong>&lt;br&gt;Use for ages 2 to 17 years</td>
<td>Use for 6 months and older.</td>
</tr>
<tr>
<td></td>
<td>May be used for ages 2 to 17 when FLUMIST® is contraindicated or unavailable. However, FluMist is the first choice for ages 2-17 years.</td>
</tr>
<tr>
<td>See Appendix F</td>
<td>See Appendix F</td>
</tr>
<tr>
<td><strong>Special Instruction</strong>&lt;br&gt;A TST should be placed on the same day or deferred for at least 4 weeks from the date of vaccine.</td>
<td>May be given at the same time as other inactivated or live vaccines.</td>
</tr>
<tr>
<td></td>
<td>After a vial is punctured it must be used within 28 days.</td>
</tr>
<tr>
<td>May be given at the same time as other inactivated or live vaccines but must wait at least 4 weeks before another live vaccine is administered.</td>
<td>Expired date: July 2013</td>
</tr>
<tr>
<td>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®.</td>
<td>Expried date: January 8, 2013</td>
</tr>
<tr>
<td><strong>Booster Dose</strong>&lt;br&gt;Children 6 months to 8 years who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.</td>
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</tr>
<tr>
<td>Vaccine interchangeability</td>
<td>FLUMIST® and FLUVIRAL® are interchangeable for children 2-17 years</td>
</tr>
<tr>
<td><strong>Contraindications</strong>&lt;br&gt;0-23 months old&lt;br&gt;Pregnancy&lt;br&gt;Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components i.e. eggs, gentamicin, gelatin, arginine. NOTE: do not immunize those with</td>
<td>Under 6 months old&lt;br&gt;Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components i.e. eggs, thimerosal, formaldehyde, neomycin. NOTE: do not immunize those with egg allergies.</td>
</tr>
<tr>
<td>6 months and older.</td>
<td>May be used for ages 2 to 17 when FLUMIST® is contraindicated or unavailable. However, FluMist is the first choice for ages 2-17 years.</td>
</tr>
<tr>
<td>See Appendix F</td>
<td>See Appendix F</td>
</tr>
<tr>
<td>FLUMIST®</td>
<td>FLUVIRAL®</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>egg allergies.</td>
<td>An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization.</td>
</tr>
<tr>
<td>An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization.</td>
<td>Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccine.</td>
</tr>
<tr>
<td>Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccine.</td>
<td>Oculo respiratory syndrome (ORS) with lower respiratory tract symptoms. Do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine.</td>
</tr>
<tr>
<td>Oculo respiratory syndrome (ORS) with lower respiratory tract symptoms. Do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine.</td>
<td>Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild URTI) can be given influenza vaccine.</td>
</tr>
<tr>
<td>Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild URTI) can be given influenza vaccine.</td>
<td>Guillain-Barré syndrome (GBS) within 8 weeks of a previous influenza vaccine.</td>
</tr>
<tr>
<td>Guillain-Barré syndrome (GBS) within 8 weeks of a previous influenza vaccine.</td>
<td>Severe asthma (defined as currently on inhaled or oral glucocorticosteroids or active wheezing).</td>
</tr>
<tr>
<td>Severe asthma (defined as currently on inhaled or oral glucocorticosteroids or active wheezing).</td>
<td>Medically attended wheezing in the 7 days prior to presenting for vaccination.</td>
</tr>
<tr>
<td>Medically attended wheezing in the 7 days prior to presenting for vaccination.</td>
<td>Individuals 2-17 years of age currently taking aspirin or aspirin-containing medication.</td>
</tr>
<tr>
<td>Individuals 2-17 years of age currently taking aspirin or aspirin-containing medication.</td>
<td>Immune compromised or close contact anticipated with persons with severe immune compromise (e.g. bone marrow transplant recipients requiring isolation) in next 2 weeks.</td>
</tr>
<tr>
<td>Immune compromised or close contact anticipated with persons with severe immune compromise (e.g. bone marrow transplant recipients requiring isolation) in next 2 weeks.</td>
<td>Those taking antiviral medications e.g. oseltamivir or zanamivir (Do not administer FLUMIST® until 48 hours after antiviral medications are stopped).</td>
</tr>
</tbody>
</table>
| Those taking antiviral medications e.g. oseltamivir or zanamivir (Do not administer FLUMIST® until 48 hours after antiviral medications are stopped). | Vaccine composition
| Gelatin hydrolysate, sucrose, arginine Monosodium glutamate | Formaldehyde, sodium deoxycholate, sucrose |
| Clinical relevant ingredients | Egg protein, Gentamicin | Egg protein, Thimerosal |
| Formats available | Prefilled single use glass sprayer | 5 mL multidose vial |
| Storage | Both FLUMIST® and FLUVIRAL® must be stored between 2°C and 8°C and MUST NOT FREEZE. Freezing destroys vaccine activity and vaccine that has been frozen must not be used. If vaccine has frozen, contact your RCDC. |
| Vaccine Supply and Distribution | Pharmacy is responsible for influenza vaccine supply and distribution in the Territory. Vaccine should be ordered and distributed in accordance with usual practices. |
| Consent | **FLUMIST®** | Information sheet for FLUMIST® is in Appendix G. Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccine administration. There are separate consent forms for FLUMIST® (see Appendix H) and FLUVIRAL® (see Appendix J). |
| Anaphylaxis | **FLUVIRAL®** | Information sheet for FLUVIRAL® is in Appendix I respectively. Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccine administration. There are separate consent forms for FLUMIST® (see Appendix H) and FLUVIRAL® (see Appendix J). |
| Adverse Events | Please review the principles of the emergency management of anaphylaxis, as found in Anaphylaxis: Initial Management in the Non-Hospital Setting, found in the Canadian Immunization Guide, 7th Edition (see page 80). |
| Vaccine Coverage and Reporting | Report all significant adverse events, using the Public Health Agency of Canada (PHAC) Adverse Events Following Immunization (AEFI) Form available online at: [http://www.phac-aspc.gc.ca/im/aefi-form-eng.php](http://www.phac-aspc.gc.ca/im/aefi-form-eng.php). Fax the form, along with a copy of the consent form, to the RCDC as follows: |
| | • Baffin: 867-975-4833 |
| | • Kitikmeot: 867-983-4088 |
| | • Kivalliq: 867-645-8272 |
| The Nunavut policy is: |
| • The AEFI form is to be used only for the reporting of adverse events following immunization |
| • In the Nunavut Community Health Nursing Administration Manual, Policy 05-004 deals with the reporting of medication errors and other events |
| • If there is an AEFI and a vaccination error, both forms should be completed |
| Materials and Resources | Vaccine coverage data are essential for monitoring the overall proportion of individuals vaccinated, for monitoring the impact of immunization strategies and to provide information for future vaccine policy planning. |
| | • Community Health Centres are responsible for faxing the consent form for every influenza vaccine administered in each community to the RCDC on a daily basis. This information is required in order to meet reporting requirements to track influenza vaccine coverage rates. |
| | • RCDC staff will provide the data to HSS as directed. |
| | HSS will report vaccine coverage data for the Territory weekly in the Nunavut Respiratory Watch. |
Appendix A
Nasopharyngeal Swab Procedure

1. Use the swab supplied with the viral transport media.
2. Explain the procedure to the patient.
3. When you collect specimens, wear gloves and a mask. Change gloves and wash your hands between each patient.
4. If the patient has a lot of mucous in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucous or clean the nostril yourself with a cotton swab (not the same swab you will be using to collect the specimen).
5. Estimate the distance to the nasopharynx; prior to insertion, measure the distance from the corner of the nose to the front of the ear; the swab should be inserted approximately half the length of this distance.
6. Seat the patient comfortably. Tilt the patient’s head back slightly to straighten the passage from the front of the nose to the nasopharynx. This will make insertion of the swab easier.
7. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful (if resistance is encountered, try the other nostril, as the patient may have a deviated septum).
8. Cut the shaft of the swab with scissors, recap and place in a specimen bag with the requisition to be sent to the laboratory.
Appendix B
Influenza in Group Residential Settings

The following recommendations are made for the management of influenza in group residential settings (e.g. long-term care facilities, children’s residential group homes, shelters, etc.):

Prior to Onset of Influenza Activity:
- Educate residents and staff on personal preventive measures
  - Encourage annual influenza immunization for all residents and staff
  - Reinforce hand hygiene, cough etiquette e.g. cough into elbow/sleeve, environmental cleaning practices
  - Have a contingency plan to deal with staff illness

During Periods of Influenza Activity:
1. Facility should report: increased ILI activity, confirmed cases, suspected influenza/ILI outbreaks to the Community Health Nurse. Please advise the RCDC of these reports.
2. Refer to the Seasonal Influenza Antiviral Treatment Protocol Algorithm for treatment of influenza/ILI
3. Recommend that staff who are ill stay home and not work at the facility while symptomatic
4. Recommend that those who are ill do not visit the facility
5. Post signage at entrances indicating that there is influenza activity in the facility (see attached)
6. Increase the frequency of environmental cleaning

Antiviral Prophylaxis in the Group Residential Setting:
- Antiviral prophylaxis for influenza is often recommended in facilities with large numbers of residents at high-risk of acquiring influenza due to their housing arrangements and health status. However, the following realities exist in Nunavut:
  - Facilities generally have a small number of residents
  - Laboratory confirmation of infection from specimen collection to report is not timely
  - A small number of facilities have on-site nursing staff that could arrange/administer antiviral prophylaxis
  - The residents of the facilities are not always those considered to be at high risk of acquiring influenza and developing complications i.e. all age groups exist within facilities
- Given the above factors, influenza antiviral prophylaxis in the group residential setting is not recommended in Nunavut

Please Note: The CMOH/DCMOH is available for consultation regarding influenza in group residential settings as required. Contact the RCDC to arrange this as necessary.
September 2012

Public Service Announcement

**Preventing Influenza**

Keep you and your family healthy this flu season.

The easiest thing to do is to wash your hands well. And wash your hands often.

When you sneeze or cough, do it in your sleeve.

Protect you and your family by getting the flu vaccination this and every season.

Flu vaccination is recommended for everyone, 6 months of age and older.

This year Nunavut has a new influenza vaccine for 2 to 17 year old. This vaccine is given as spray in the nose.

The flu vaccine is FREE at your local community health center.

Together, we will keep Nunavut Communities healthy.
Influenza – Public Service Announcement (revised September 2012) Inuktitut
September 2012

Inuknut Tuhaqtipkaitjut

Influenza-qnaittumik
-----------------------------------------

Iliknut ilatitlu aaniaqnaittumik flu-qnaqhikpat.

Ayurnaitqiyauryuq uaqqiarukni algaktit. Uanginnaqpaklugiklu.

Tagyuruvit qallakhuruvilluuniit, akuvruat ainganut tagyukpaklutit qalakhuqpaklutitluuniit.

Aaniaqnaittumik ilvit ilatitlu kapurhiruffi tatja ukiakhanguliqtumi ukiuqlu tamaat ukiakhanguliraikpatlu.

Flu-qnaittumik kapurhiqtukhaugaluat inuit tamaita, 6nik tatqirhiutilgit angayukhitqiallu.

Uumani ukiumi Nunavut piqaliqtut influenza-qarnaittumik kapurhiutilgit 2 - 17niklu ukiuqaqtunut. Una kapurhiut havaut qingatigut tuniayauyuq.

Tamna flu-qnaittumik havaut AKIITTUQ munarhitkutnit.

Atauttikkut, Nunavunmi ittut Nunallaat aaniaqtailipkaqtaaqtugut.

Influenza – Public Service Announcement (revised September 2012) Inuinnaqtun
septembre 2012

Message d’intérêt public

Prévenir la grippe

-----------------------------------------

Restez en santé, vous et votre famille, cette année durant la saison de la grippe.

La chose la plus facile à faire est de bien vous laver les mains. Et de vous laver les mains souvent.

Quand vous éternuez ou toussez, faites-le dans votre manche.

Protégez-vous et votre famille en vous faisant vacciner contre la grippe cette saison et à chaque saison.

On recommande la vaccination contre la grippe pour toute personne de 6 mois et plus.

Cette année, le Nunavut dispose d’un nouveau vaccin contre la grippe pour 2 à 17 ans. Ce vaccin est administré à l’aide d’un vaporisateur nasal.

Le vaccin contre la grippe est administré GRATUITEMENT à votre centre de santé communautaire.

Ensemble, nous pouvons garder les collectivités du Nunavut en santé.

Influenza – Public Service Announcement (revised September 2012) French
PUBLIC SERVICE ANNOUNCEMENT – for community radio

Seasonal Influenza in your community

As you may have heard, flu season has started once again. The flu can affect anyone—even healthy children and adults.

If you have the flu, you might feel some of the following symptoms: fever and cough, runny nose, sore throat, body aches, tiredness, and not feeling like eating.

If you have the flu, make sure you drink lots of water and juice, get lots of rest and eat like normal. Fever, aches, and pains can be treated with Tylenol or Advil. To prevent spreading the flu to other people you should stay home until your symptoms go away and you are able to restart your normal activities.

The flu should be taken seriously. People need to take steps to prevent spreading the flu to those that they live, work, or visit with.

For more information on flu prevention ask your health care provider at your Public Health Unit or Community Health Center.
Appendix D

Influenza – Public Service Announcement Radio (revised September 2012) Inuktitut
September 2012

INUKNUT TUHAQTIPKAITJUT – naalautikkut uqaqtayukhaq

Ukiakhami Influenza-qnaqhiyuq nunagiyarni

Flu-qaliruvit, naunaittuq hapkuninnga mihigiliruvigt: aanialiruvit unalu qalalaqiguvit, kuviinaliqqatlqngat qingat, iggiariliruvit, aanirnalaqiguvit, unaguhuinnaliruvit, nirilluarkniruvillu.


Flu-qaliruvit humaagihuiqlugu. Inuit atuqtakharaluangat nakuuyumik hiamitiqnaattumik aaniarut tahapkunanut igluqatiqiyamiknut, havaqatiqiyamiknut, pulaaqpaktaaminutluuniit.

Naunairyuumirmaguvit flu-qnaqiaqni apiritjavat munarhinut Aaniarvikmi Munarhitkunniluuniit.
MESSAGE D’INTÉRÊT PUBLIC – destiné à la radio communautaire

La saison de la grippe dans votre collectivité

Comme vous le savez sans doute, la saison de la grippe est de retour. La grippe peut frapper tout le monde, même les enfants et les adultes en santé.

Si vous avez la grippe, vous pouvez présenter certains des symptômes suivants : fièvre et toux, écoulement nasal, mal de gorge, douleurs musculaires, fatigue et perte d’appétit.

Si vous avez la grippe, buvez beaucoup d’eau et de jus, reposez-vous et mangez normalement. Pour soulager la fièvre et les douleurs, vous pouvez prendre des Tylenol ou des Advil. Pour prévenir la propagation de la grippe, vous devriez rester à la maison jusqu’à ce que vos symptômes disparaissent et que vous soyez en mesure d’effectuer vos activités habituelles.

La grippe doit être prise au sérieux. Les personnes grippées doivent prendre les mesures nécessaires pour éviter la propagation de la grippe aux personnes avec qui elles vivent et travaillent ou qu’elles visitent.

Pour de plus amples renseignements sur la prévention de la grippe, adressez-vous à un professionnel de la santé de votre unité de santé publique ou du centre de santé communautaire.

Influenza – Public Service Announcement Radio (Revised September 2012) French
Influenza-Like Illness (ILI) & Respiratory Infection (RI)
REPORT FORM

Complete the following for individuals seen each TUESDAY

Date: ______ (DD) _______ (month) _______ (YYYY)
Time: _____:_____ to _____:_____ e.g. 0830h-0830h or 2400h-2400h

Influenza-like Illness (ILI)

Total # Patients Seen (Tues 24 hour period)

Does patient meet the ILI case definition?

Anyone with:
1. Sudden onset respiratory illness AND
2. History of fever and cough AND
3. Any of the following: sore throat, joint pain, muscle pain, malaise, extreme weakness

Total Meeting ILI definition

Respiratory Infection (RI)

Total # Patients <2 yrs Seen (Tues 24 hour period)

Does patient meet the RI case definition?

Progressing respiratory infection with:
Difficulty breathing, cough, fever, fatigue and shortness of breath

Total Meeting RI definition

Not all RI in children < 2 years meets the ILI case definition, complete the table below. It is also possible a case can be counted as both ILI and RI, please count in both tables:

Please fax to the RCDC by end of day Wednesday:
Baffin (867-975-4833) Kitikmeot (867-983-4088) Kivalliq (867-645-8272)
Appendix F
2012 – 2013 Influenza Vaccine Algorithm

This chart outlines the influenza immunization process for the 2012 – 2013 season. Additional information is provided below where noted.

1. FLUMIST® is the recommended vaccine for 2 to 17 year old in Nunavut during the 2012/13 influenza season. Review the 2012/13 Influenza Vaccine (FLUMIST®) Consent Form.

2. FLUMIST® is contraindicated or unavailable, consider inactivated influenza vaccine (by IM injection) and review the 2012/13 Seasonal Influenza Vaccine (FLUVIRAL®) Consent Form. Refer to the 2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut for details on contraindications and precautions for FLUMIST®.

3. FLUVIRAL® is contraindicated, refer to the FLUVIRAL® consent form and administer FLUVIRAL®

4. All consent forms for influenza vaccines administered must be faxed to the RCDC on a daily basis in order to meet reporting requirements to HSS in order to track influenza vaccine coverage rates for the Territory.

Client presents for influenza immunization

Ages 2 to 17 years old

Review FLUMIST® consent form

FLUMIST® eligible

Administer FLUMIST®

Fax consent forms to the RCDC on a daily basis:
Baffin: 867-975-4833
Kitikmeot: 867-983-4088
Kivalliq: 867-645-8272

RCDC completes electronic spreadsheet and sends to HSS via email each Tuesday by noon

Ages 6 months and older
May be used for 2-17 years if FluMist contraindicated

Review FLUVIRAL® consent form

FLUVIRAL® eligible

Administer FLUVIRAL®

Educate about personal protective measures (hand hygiene, etc.). Encourage others in the household to be immunized in order to protect this person

1. FLUMIST® is the recommended vaccine for 2 to 17 year old in Nunavut during the 2012/13 influenza season. Review the 2012/13 Influenza Vaccine (FLUMIST®) Consent Form.

2. If FLUMIST® is contraindicated or unavailable, consider inactivated influenza vaccine (by IM injection) and review the 2012/13 Seasonal Influenza Vaccine (FLUVIRAL®) Consent Form. Refer to the 2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut for details on contraindications and precautions for FLUMIST®.

3. Refer to the 2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut for details on contraindications and precautions for and FLUVIRAL®.

4. All consent forms for influenza vaccines administered must be faxed to the RCDC on a daily basis in order to meet reporting requirements to HSS in order to track influenza vaccine coverage rates for the Territory.
What is FluMist®?
- FluMist® is a live, weakened vaccine. It is given as a spray in the nose.

How many doses should my child receive?
- Children aged 2-8 years old who have never been vaccinated against the flu should receive two doses, four weeks apart to get the best protection.
- Children aged 2-8 who have received flu vaccine before require only one dose.

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, nose bleed
- Rare: allergic reactions

Who SHOULD NOT get FluMist®?
FluMist® should not be given to children who:
- Have an allergy to eggs, gentamicin, gelatin, or arginine
- Have had previous serious reactions to influenza vaccination
- Are taking 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

Which children MAY NOT be able to get FluMist®?
Children 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
- Have had 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®?  
- FluMist®, flucytosine 2-ᒥᑦ 8-ᒧᑦ ᐱᔭᕆᐊᖃᙱᓚᑦ ᐱᔾᔦᓪᓗᒍ. ᐅᑯᐊ ᐅᖃᐅᓯᐅᖃᑦᑕᖅᓯᒪᔪᑦ:
  - FluMist®, gentamicin-ᒥᑦ, gelatin-ᒥᑦ, arginine-ᒥᑦ ᐱᐅᒃᓴᖁᓪᓗᒋᑦ
  - ᐱᕐᔪᐊᖑᖃᑦᑕᕐᒥᑦ ᓴᐳᓐᓂᐊᖅᑎᖏᑦ
  - ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

ᐱᓇᐅᖕᒪᑦ FluMist®?

- ᐃᖢᐊᖅᓴᖅᑕᐅᔭᕆᐊᖃᖅᐸ ᓄᑕᕋᕋ?
  - ᐅᑭᐅᓖᑦ 2-ᒥᑦ 8-ᒧᑦ ᓄᕙᓗᐊᕐᔭᐃᒃᑯᑎᒧᑦ ᒪᕐᕉᖕᓂᒃ ᐃᖢᐊᖅᓴᖅᑕᐅᔭᕆᐊᓕᒃ, ᑎᓴᒪᓦᑦ ᐊᑯᑦᑐᑎᒋᔪᒥᒃ ᓴᐳᔾᔭᐅᓯᒪᑦᑎᐊᖁᓪᓗᒍ.
  - ᐅᑭᐅᓖᑦ 2-ᒥᑦ 8-ᒧᑦ ᓄᕙᓗᐊᕐᔭᐃᒃᑯᑎᒥ ᐱᔭᕆᐊᖃᙱᑕᒥᓄᑦ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

ᓱᓇᐅᖔᕐᓂᒃ ᐃᖢᐊᖅᓴᖅᑕᐅᔭᕆᐊᖃᖅᐸ ᓄᑕᕋᕋ?

- ᐅᑯᐊ ᐅᖃᐅᓯᐅᖃᑦᑕᖅᓯᒪᔪᑦ:
  - ᐱᕙᒃᑯᐊᕐᔪᖕᓂᖅᐹᑦ:
    - ᖃᓄᐃᒻᒪᒃᑲᑦ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᐱᕙᒃᑯᐊᕐᔪᒃᑐᑦ:
    - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ
  - ᐱᕙᒃᑯᐊᕐᔪᙱᑦᑐᑦ:
    - ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

FluMist®-ᒥᑦ ᐱᔭᕆᐊᖃᙱᓚᑦ?

- ᖃᐅᔨᓴᖅᑕᐅᔭᕆᐊᖃᖅᐳᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒧᑦ ᖃᐅᔨᒋᐊᕐᕕᒋᓗᒍ ᐅᕝᕙᓘᓐᓃᑦ ᓄᓇᑉᓯᓐᓂ ᐋᓐᓂᐊᕐᕖᑦ ᐱᔾᔪᖅᑖᓚᐅᕐᕕᒋᓗᒍ.

FluMist®-ᒥᑦ ᐱᑎᑕᐅᔭᕆᐊᖃᕐᒪᖔᑕ ᐃᒪᐃᑎᓪᓗᒋᑦ:

- ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

FluMist®-ᒥᑦ ᐱᔾᔪᖅᑖᓚᐅᕐᕕᒋᓗᒍ?

- ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

FluMist®-ᒥᑦ ᐱᔾᔪᖅᑖᓚᐅᕐᕕᒋᓗᒍ ᐐᓂᐊᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ?

- ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ
  - ᖃᓄᐃᔭᐃᒡᓗᓕᒃ, ᖃᓄᐃᓐᓇᖅᐸ ᖃᓄᐃᔾᔪᑎᖃᕐᓂᖅ

FluMist®-ᒥᑦ ᐱᔾᔪᖅᑕᐅᔭᕆᐊᖃᖅᐳᑦ ᐋᓐᓂᐊᕐᕕᐊᓛᖅ ᖃᐅᔨᒋᐊᕐᕕᒋᓗᒍ ᐅᕝᕙᓘᓐᓃᑦ ᓄᓇᑉᓯᓐᓂ ᐋᓐᓂᐊᕐᕖᑦ ᐱᔾᔪᖅᑖᓚᐅᕐᕕᒋᓗᒍ.
Appendix G

FluMist® – qingatigut havautikhaq nutaqqanut 2 - 17mut ukiulgit

Hunaukmat FluMist®?
- FluMist® ittuq, hakuiqtitauhimayuq (hakuiqtitauhimayuq) havaut atuqtayuq iliuraigiami qingarmut.

Qanuraaluk tuniniaqquq nutarara?
- Nutaqqat 2 - 8 niklu ukiulgit havautituqtitauungittut kapurhiqtuaungittut influenza-qnaittumik tuniyakhauugalaut malruuknik qingarminut pipkailugu, hitamanik Santinik nakuutqiamik aaniaqtailiqiangani.
- Nutaqqat 2 – 8 niklu ukiulgit kapurhiqtut influenza-qnaittumik kapurhiqpakhimayut, atauhiniarmik piyukhaugalaut.

Hunauvat havaut nakuungitpat nutaramnut?
Inuit tamaita atlakamik mihiginhaqut uumannut havautimit. Naunaiyaqhimayut atlat mihiknaqhaqniqut hapkuat:
- Naunaitqiyauyuq: kuviinaliqqat/umiktittutut pigumi qingaa, niriumahuiqqat, hakuiqqat, niaquliiqqat kitjakkumilu
- Tamainnut mihiknaqniaqtuq: aaniqnilaqiluni
- Tamainnut pipkainginnaqtaqtuq: timingani auptaalaqikpat kukulaqikpatluuniit, auklaqikpat
- Uminnga piniaruknaqhiyuq: Timimut nakuungiruit

Kitkut ATUQTUKHAUNGITTUT FluMist®?
FluMist® tunitakhaungittut nutaqqanut ukunanik piqarumik:
- Maniktuqtkuhaungitkumi, gentamicin-mik, gelatin-mik, arginine-mikluuniit
- Aippaangani akhuraaluk atulimaitmagu influenza-qnaittumik kapurhiqpiaq
- Aspirin-tuqqat atlanik havautinikluuniit aspirin-qaqtumik
- Anirlukpirumarik havautituqtnuq an'ngahunnaqtaqtultuniit
  - Takugumi munarhimik an'ngayuktmik 7ni ublungani

Kitut nutaqqaq TUNIYAKHAUNNgITTUT FluMist®?
Nutaqqat hapkuninnga piaqqaqta ihivriuqtauykhaugalaut munarhimit naunaiyariamikni FluMist® tuniyakhauugaluarumi:
- An'ngayukuqtaqpallaaungitkumi
- Hakuiqpallaaqhimayut timimut-hakugirutingit
- Piqatigumi kinaqtaak hakuiqpallaaqqarumi timimut-hakugirutingit
- Aturumi aaniaqtaqitjutiniq ukunatitut Tamiflu-mik Amantadine-mikluuniit

Humit naunairyumumqiaqtinga?
Naunairyuumirumaguvit uuminnga havautimik, uqaqatigitjavat Aaniarvit Munarhitkulluniit.
FluMist® – vaccin antigrippal en vaporisateur nasal pour les enfants de 2 à 17 ans
Feuille de renseignements

Qu’est-ce que FluMist®?
- FluMist® est un vaccin vivant, atténué et administré à l’aide d’un vaporisateur nasal.

Combien de doses mon enfant devrait-il recevoir?
- Les enfants de 2 à 8 ans qui n’ont jamais été vaccinés contre la grippe doivent recevoir deux doses, à quatre semaines d’intervalle, pour obtenir la meilleure protection.
- Les enfants de 2 à 8 ans qui ont déjà été vaccinés contre la grippe n’ont besoin que d’une dose.

Quels sont les effets secondaires?
Le vaccin peut provoquer des effets secondaires, mais pas chez tous les enfants. Les effets secondaires suivants peuvent se produire :
- Très fréquents : congestion ou écoulement nasal, diminution de l’appétit, faiblesse, mal de tête et fièvre
- Fréquents : douleurs musculaires
- Peu fréquents : éruption cutanée, saignement de nez
- Rares : réactions allergiques

Quels enfants NE DEVRAIENT PAS recevoir FluMist®?
Les enfants ne devraient pas recevoir FluMist® s’ils :
- sont allergiques aux œufs, à la gentamicine, à la gélatine ou à l’arginine;
- ont eu des réactions graves à un vaccin antigrippal antérieur;
- prennent de l’aspirine ou des médicaments qui contiennent de l’aspirine;
- souffrent d’asthme grave traité par médicament ou ont une respiration sifflante;
- ont consulté un professionnel de la santé pour respiration sifflante au cours des sept derniers jours.

Pour quels enfants FluMist® POURRAIT NE PAS être approprié?
Les enfants devraient être examinés par un professionnel de la santé pour déterminer si FluMist® est approprié s’ils :
- souffrent d’asthme stable, léger;
- ont un système immunitaire affaibli;
- sont en contact étroit avec des personnes dont le système immunitaire est gravement affaibli;
- prennent des antiviraux tels que Tamiflu ou Amantadine.

Où puis-je obtenir plus d’informations?
Pour de plus amples renseignements sur la vaccination contre la grippe, communiquez avec votre unité de santé publique ou votre centre de santé communautaire.
Appendix H

Seasonal Influenza Vaccine Consent Form (FLUMIST® Nasal Spray for 2 to 17 Years Old)

Fax daily to RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Please fill in OR addressograph/affix label:

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<th>Field</th>
<th>Information</th>
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<tbody>
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<td>Last Name</td>
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<td>First Name</td>
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<td>DOB (dd/mm/yyyy)</td>
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<tr>
<td>Chart #</td>
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<tr>
<td>HCP #</td>
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<td>Community of Residence</td>
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Parent/Guardian Information:

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<td>House/Building #</td>
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<td>P.O. Box #</td>
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<tr>
<td>Phone # (cell/home/work/other):</td>
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<tr>
<td>Phone # (cell/home/work/other):</td>
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<td>Phone # (cell/home/work/other):</td>
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<tr>
<td>Work/School</td>
<td></td>
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</tbody>
</table>

Please Answer:

1. Is this a child 2 to 8 years old who has never been vaccinated against influenza?  
   *If yes, child should receive 2 doses, 4 weeks apart otherwise only one dose is required*  
   [ ] Yes  [ ] No

2. Has your child ever experienced any of the following after an influenza vaccine:
   - [ ] Wheezing or chest tightness  
   - [ ] Difficulty breathing or swallowing  
   - [ ] Other (specify): ________________  
   - [ ] Rash  
   - [ ] Swelling beyond the injection site  
   - [ ] Guillain-Barré Syndrome  
   - [ ] Hospitalization  
   - [ ] None

3. Is your child sick with a fever today?  
   [ ] Yes  [ ] No

4. Is your child currently wheezing or been assessed by a healthcare provider in the last 7 days for wheezing?  
   [ ] Yes  [ ] No

5. Does your child have a history of severe asthma (defined as currently on oral or inhaled medicine for asthma or current active wheezing)? If yes, specify: ________________  
   [ ] Yes  [ ] No

6. Is your child currently taking aspirin or any medicines containing aspirin?  
   [ ] Yes  [ ] No

7. Is your child immune compromised or receiving cancer treatment? If yes, specify: ________________  
   [ ] Yes  [ ] No

8. Does your child have close contact with someone who is immune compromised or receiving cancer treatment? If yes, specify: ________________  
   [ ] Yes  [ ] No

9. Is your child currently taking Tamiflu or Amantadine?  
   [ ] Yes  [ ] No

10. Is your child allergic to:  
    - [ ] Eggs  
    - [ ] Gentamicin  
    - [ ] Gelatin  
    - [ ] Arginine  
   [ ] Yes  [ ] No

NOTE: If FLUMIST® is contraindicated for this child, consider inactivated influenza vaccine (by IM injection) and review the 2012/13 Seasonal Influenza Vaccine Consent Form (FLUVIRAL®- for IM Injection).

CONSENT FOR FLUMIST®:
I have read or had the FLUMIST® Nasal Spray for Children 2 to 17 Years Old Information Sheet explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUMIST® being given to:  
[ ] My Child  [ ] My Ward

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

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Time</th>
<th>Dose</th>
<th>Route</th>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Signature &amp; Designation</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>0.2 mL</td>
<td>Nasal spray (0.1 mL in each nostril)</td>
<td>FLUMIST®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>0.2 mL</td>
<td>Nasal spray (0.1 mL in each nostril)</td>
<td>FLUMIST®</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FluMist consent form (revised August 2012)
### Appendix H

**Flumist Consent Form (Revised August 2012)**

**Inuktitut**

<table>
<thead>
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<tr>
<td><strong>I have read and understand the information contained in this consent form:</strong></td>
<td>Yes</td>
<td></td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine contains live, cold-adapted, influenza viruses:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is administered by spray through the nose:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for certain populations (e.g., pregnant women):</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not FDA-approved for children under 2 years of age:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that all specific contraindications and precautions for the use of the FLUMIST® vaccine are listed in the Summary of Product Characteristics (SPC):</strong></td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain medical conditions:</strong></td>
<td>Yes</td>
<td></td>
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<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain immune deficiencies:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain underlying conditions:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain medications:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain allergies:</strong></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Additional Notes:**

- The FLUMIST® vaccine is only available in a spray form and is administered through the nose.
- It is important to understand the contraindications and precautions before administering the vaccine.
- The vaccine is not recommended for certain populations, such as pregnant women.
- The vaccine is not FDA-approved for children under 2 years of age.
- All specific contraindications and precautions are listed in the Summary of Product Characteristics (SPC).
- The vaccine is not recommended for those with certain medical conditions.
- The vaccine is not recommended for those with certain immune deficiencies.
- The vaccine is not recommended for those with certain underlying conditions.
- The vaccine is not recommended for those with certain medications.
- The vaccine is not recommended for those with certain allergies.

**Flumist Consent Form (Revised August 2012) Inuktitut**

**Inuktitut**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Patient's Name:</strong></td>
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<tr>
<td><strong>Date of Birth:</strong></td>
<td></td>
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<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I have read and understand the information contained in this consent form:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine contains live, cold-adapted, influenza viruses:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is administered by spray through the nose:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for certain populations (e.g., pregnant women):</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not FDA-approved for children under 2 years of age:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that all specific contraindications and precautions for the use of the FLUMIST® vaccine are listed in the Summary of Product Characteristics (SPC):</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain medical conditions:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain immune deficiencies:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain underlying conditions:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain medications:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>I understand that the FLUMIST® vaccine is not recommended for those with certain allergies:</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Additional Notes:**

- The FLUMIST® vaccine is only available in a spray form and is administered through the nose.
- It is important to understand the contraindications and precautions before administering the vaccine.
- The vaccine is not recommended for certain populations, such as pregnant women.
- The vaccine is not FDA-approved for children under 2 years of age.
- All specific contraindications and precautions are listed in the Summary of Product Characteristics (SPC).
- The vaccine is not recommended for those with certain medical conditions.
- The vaccine is not recommended for those with certain immune deficiencies.
- The vaccine is not recommended for those with certain underlying conditions.
- The vaccine is not recommended for those with certain medications.
- The vaccine is not recommended for those with certain allergies.

**Flumist Consent Form (Revised August 2012) Inuktitut**
Appendix H

Qalalaqinnarhigaangat influenza-mut Kapurhiqniq
Angirut Titiraq

Ubluq tamaat kayumiktukkut tuyuqpaklugu uumunnga RCDC: Qikiqtaraluk (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272) Iglunga/Igluqpap Nampa:

<table>
<thead>
<tr>
<th>Titiraqarvinga:</th>
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</thead>
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<td>Angayuqqanga/Munaqtunga naunaitkut:</td>
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<td></td>
</tr>
<tr>
<td>Hivayautinga(tigumiaqtattaqtuq/iglunga/havakvinga /aatla):</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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<tr>
<td>Havakvik/Sikuurvik:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ublumi (dd/mm/yyyy) ↓**

<table>
<thead>
<tr>
<th>Flumist for 2 to 17 Years Old</th>
<th>0.2 mL</th>
<th>0.2 mL</th>
</tr>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Qingatigut (0.1 mL qinganganut)</td>
<td><strong>FLUMIST®</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Qingatigut (0.1 mL qinganganut)</td>
<td><strong>FLUMIST®</strong></td>
</tr>
</tbody>
</table>

**Flumist consent form (revised August 2012)**
Appendix H

Formulaire de consentement au vaccin antigrippal saisonnier
(FLUMIST® vaporisateur nasal pour enfants de 2 à 17 ans)

Télécopiez les formulaires au RCDC une fois par jour : Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Maison/N° d’édifice : ____________________________
Case postale : ____________________________
Parent/Tuteur : ____________________________
Téléphone (cell./domicile/travail/autre) : ____________________________
Téléphone (cell./domicile/travail/autre) : ____________________________
Téléphone (cell./domicile/travail/autre) : ____________________________
Travail/École : ____________________________

1 S’agit-il d’un enfant âgé de 2 à 8 ans qui n’a jamais été vacciné contre la grippe?
   - Si oui, l’enfant doit recevoir deux doses, à 4 semaines d’intervalle; sinon, une seule dose suffit.
   - Oui [ ] Non [ ]

2 Est-ce que votre enfant a déjà connu les problèmes suivants à la suite d’un vaccin antigrippal?
   - Respiration sifflante ou serrement de poitrine [ ]
   - Difficulté à respirer ou à avaler [ ]
   - Éruption cutanée [ ]
   - Gonflement près du point d’injection [ ]
   - Syndrome de Guillain-Barré [ ]
   - Hospitalisation [ ]
   - Autre (précisez) ____________________________ [ ]
   - Oui [ ] Non [ ]

3 Est-ce que votre enfant fait de la fièvre aujourd’hui?
   - Oui [ ] Non [ ]

4 Est-ce que votre enfant a actuellement une respiration sifflante ou a-t-il été examiné par un professionnel de la santé au cours des 7 derniers jours pour respiration sifflante?
   - Oui [ ] Non [ ]

5 Est-ce que votre enfant a une histoire d’asthme grave (définie comme prenant actuellement des médicaments administrés par voie orale ou par inhalation pour l’asthme ou pour une respiration sifflante active)? Si oui, précisez ____________________________
   - Oui [ ] Non [ ]

6 Est-ce que votre enfant prend actuellement de l’aspirine ou tout médicament contenant de l’aspirine?
   - Oui [ ] Non [ ]

7 Est-ce que votre enfant est immunocompromis ou reçoit-il des traitements contre le cancer? Si oui, précisez ____________________________
   - Oui [ ] Non [ ]

8 Est-ce que votre enfant est en contact étroit avec des personnes immunocompromises ou qui reçoivent des traitements contre le cancer? Si oui, précisez ____________________________
   - Oui [ ] Non [ ]

9 Est-ce que votre enfant prend actuellement du Tamiflu ou de l’Amantadine?
   - Oui [ ] Non [ ]

10 Votre enfant a-t-il une des allergies suivantes? [ ] Œufs [ ] Gentamicine [ ] Gélatine [ ] Arginine [ ]
   - Oui [ ] Non [ ]

VEUILLEZ NOTER : Si FLUMIST® est contre-indiqué pour cet enfant, prenez en considération un vaccin antigrippal inactivé (injection par voie IM) et examinez le Formulaire de consentement au vaccin antigrippal saisonnier 2012-2013 (FLUVIRAL® - injection par voie IM).

CONSENTEMENT À FLUMIST®:
J’ai lu, ou on m’a expliqué, la Feuille de renseignements sur le vaccin antigrippal en vaporisateur nasal FLUMIST® pour les enfants de 2 à 17 ans. J’ai eu la possibilité de poser des questions auxquelles j’ai reçu des réponses satisfaisantes. Je comprends les avantages et les risques du vaccin. Je consens à ce que FLUMIST® soit administré à [ ] mon enfant ou [ ] mon enfant en tutelle.

Nom en caractères d’imprimerie ____________________________
Signature du client ou du parent/tuteur légal ____________________________
Date (jj/mm/aaaa) ____________________________

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Heure</th>
<th>Dose</th>
<th>Voie d’administration</th>
<th>Vaccin</th>
<th>Numéro du lot</th>
<th>Signature et titre</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>0,2 ml</td>
<td>Vaporisateur nasal (0,1 ml dans chaque narine)</td>
<td>FLUMIST®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>0,2 ml</td>
<td>Vaporisateur nasal (0,1 ml dans chaque narine)</td>
<td>FLUMIST®</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is Influenza?

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.

Why should I get the flu vaccine?

The flu vaccine can reduce your chance of getting the flu and spreading it to others. Flu vaccines are updated every year because flu viruses are always changing. Because of this, getting the flu shot every year is recommended.

You will be protected from the flu no later than two weeks after getting the vaccine. Protection lasts up to one year.

Who should get vaccinated against the flu?

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

There are two different vaccines being used in Nunavut this year:

- Children aged 2-17 will be offered a flu vaccine that is applied as a spray into the nose. See the separate information sheet for more information on this vaccine, which is called FluMist®.

- Everyone else will be offered flu vaccine by injection as in past years. This includes infants 6 months to less than 2 years and everyone 18 years old and older.

Most people need only one dose of the flu vaccine each year. However, 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.

Flu vaccine may be given at the same time as other vaccines.

Who should talk with their healthcare provider before deciding if they should get the flu vaccine?

Some people should NOT get the flu vaccine. Tell your health care provider if you have had any of the following and they will help you decide if you should get the vaccine:

- 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.
- An egg allergy. People with severe egg allergies should not get the vaccine.
- Allergy to thimerosal, formaldehyde or any ingredient of the vaccine.
- A severe reaction after a previous dose of flu vaccine.
- Guillain-Barre Syndrome (GBS - a severe paralytic illness) within 8 weeks of a previous flu vaccination.

People who are very sick should usually wait until they recover before getting flu vaccine. People with a mild illness can usually get the vaccine.

What are the side effects of the flu shot?

The flu shot is safe and cannot cause influenza as it does not contain live virus. It is tolerated well by both healthy adults and healthy children. There may be mild local reactions at the site of the injection, including soreness at the injection site. Other side effects include fever, muscle aches and tiredness.

Where can I get more information?

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

Seasonal Influenza (Fluviral) vaccine information (Revised September 2012) Inuktitut
Appendix I

Ukiakhami Influenza-qnaittumik
Kapurhiqniqmut Naunaitkutaq
(IM-mut kapurhiqnahualiqqat)

Hunaukmat Influenza?


Huuq kapurhiqtukhauyutit influenza-qnaittumik?

Influenza-qnaittumik kapurhiqruvit aaniaqnaqriaqgni influenza-qnaittumik hiamitiqnaqriaqgni influenza atlanut. Influenza aanirutit atlanguinnaqtaut. Talvuuna, influenza kapurhiqniit nutaanguqtitauvaktut ukiuq tamaat atauhiqmilu kapurhiqyauliqtaut.

Santi-nik malruknik havaktinnagut aaniaqnaqriaqgni kapurhiqruiraangat. Influenza-qnaittumik kapurhiqniq nakuuyuq atauhiqmi ukiumi.

Kitkut kapurhiqtukhauyalat influenza-qnaittumik?

Kitkutliqaak 6nik tatqirhiutinik ukiuqaqtaut kapurhiqtukhauyalat influenza-qnaittumik.

Piqaqtuq malruuk atlatqiinguyut havaitut atutqaqtyut Nunavumni uumani ukiumi.

- Nutaqqat ukiuqaqtaut 2 – 17 niklu tuniyauniaqtaut influenza-qnaittumik havautikhanganganik tuniyauniaqtaut qingakkut. Takulugu at ami naunaitkutanga titiraq naunairyuumirumaguvin uumuna havaut, tiaiyuyuq FluMist®

- Atlattauq tunningauniaqtaut hiamitiqtautunngittumik piyuq influenza havaut kapurhiqtaauluni taimaa ituugaluaq qangaraluk. Unalu piyut nutaqqanunaat 6nik tatqirhiutinik ukialutit 2nik ukiuqanguqtitnagatit kitkun Buttunlut 18nik ukiuqgit angayukhiuguvilluinuit.


Influenza-qnaittumik havautingit tuniqhaiyukkanat atlanik havautituqnuhualiruvit, hapkuatu nunuunaqnaqnaqnaqniq havautituqnuhualiruvit.

Kitkut uqaqatigiyakharaluangit munarhitkut angmaqhimaittunik influenza-qnaittumik havautituqtinnagat?

Ilangu inuit HAVAUTILITUQTUKHAUNNGITTUT. Uqatjavutit munarhinunut haviuninunaqtaut piparuvit, ikayurniaqqaahi kapurhiqruinuqiluqilu qitqatpinimaqtaqniit.

- Timitit taimaittuqtuqiluiultpuqapqaat havautituqtamitnik kitunittuqqaak aaniaqtaqtilirtuit. (ukunaniklu an’ngahukpat, mihiknarhikpat hatqat, iggiatiu mihikpikliqQtituluit pilqiqtuq, anirhaagiarni ayurhaliruvit ihigiaqniluuniit).

- Maniktulimaqun. Inuit manviknik niirilimalikpatu havautituqtkhauyanngittut kapurhiqtkhauyanngittut.

- Timit taimaittuqtiluqamlitpuqapqaat havautituqtiluqatuq quatkapruqtiluqatuq influenza-qnaittumik.

- Guillain-Barre Aaniarut (GBS- akhuurutauyuq nukikit ingutaaqtiljut aaniarut) 8ni Santi-nik influenza-qnaittumik kapurhiqruvit.


Hunauvat aaniarutauvat angmaqhimaittunik influenza-qnaittumik kapurhiqniq?


Humit piniqqinga naunairyuumirumaguma?
Naunairyuumirumaguvin influenza-qnaittumik kapurhiqtingagut uqaqtigiyut aaniarvikmut munarhitkunnuhulunniit.
Qu’est-ce que la grippe?

La grippe est une maladie contagieuse causée par le virus de la grippe et se propage par la toux, les éternuements ou les sécrétions nasales. Les symptômes sont les suivants : fièvre, toux, perte d’appétit, douleurs musculaires, mal de gorge et fatigue. La grippe circule en tout temps de novembre à mai, mais atteint habituellement des pics en janvier et février.

Pourquoi se faire vacciner contre la grippe?

Le vaccin antigrippal réduit la possibilité de contracter la grippe et de la propager. Les virus de la grippe se modifient continuement. En conséquence, les vaccins contre la grippe sont mis à jour chaque année et on recommande la vaccination annuelle.

Il faut compter jusqu’à 2 semaines après la vaccination pour que la protection soit efficace. La protection dure jusqu’à un an.

Qui devrait se faire vacciner contre la grippe?

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

Deux types de vaccins sont utilisés au Nunavut cette année :

- un vaccin antigrippal administré à l’aide d’un vaporisateur nasal pour les enfants de 2 à 17 ans. Consultez la feuille de renseignements sur ce vaccin appelé FluMist®.
- un vaccin inactivé antigrippal administré par injection comme par les années antérieures pour toutes les autres personnes. Cela comprend les enfants de 6 mois à 2 ans et toute personne de 18 ans et plus.

La majorité des gens n’ont besoin qu’une seule dose de vaccin inactivé antigrippal par année. Toutefois, les enfants de moins de 9 ans qui reçoivent le vaccin pour la première fois ont besoin de 2 doses, à au moins 4 semaines d’intervalle, afin d’être protégés.

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

Certaines personnes NE devraient PAS recevoir de vaccin inactivé antigrippal. Avant de décider de recevoir un vaccin, consultez un professionnel de la santé qui vous conseillera si l’un ou l’autre des cas suivants s’appliquent à vous :

- toute réaction allergique grave à tout composant du vaccin à la suite d’une dose antérieure (notamment respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler);
- une allergie aux œufs ; les personnes qui ont une allergie grave aux œufs ne devraient pas recevoir le vaccin;
- une réaction grave à une dose antérieure de vaccin antigrippal;
- syndrome de Guillain-Barré (une maladie paralysante grave) dans les 8 semaines suivant une vaccination contre la grippe;
- allergie au thimérosal, au formaldéhyde ou à tout composant du vaccin.

Les personnes modérément ou gravement malades doivent habituellement attendre de guérir avant de recevoir le vaccin contre la grippe. Les personnes légèrement malades peuvent habituellement recevoir le vaccin.

Quels sont les effets secondaires d’un vaccin antigrippal inactivé (injectable)?

Un vaccin inactivé contre la grippe est sécuritaire et ne peut pas provoquer la grippe étant donné qu’il ne contient pas de virus actif. L’administration du vaccin par injection intramusculaire peut causer de la douleur au point d’injection pendant quelques jours chez les adultes. Les enfants en santé tolèrent bien le vaccin, il peut toutefois causer de légères réactions locales au point d’injection. Le vaccin peut provoquer d’autres effets secondaires tels que la fièvre, les douleurs musculaires et la fatigue.

Où puis-je obtenir plus d’informations?

Pour de plus amples renseignements sur la vaccination contre la grippe, communiquez avec votre unité de santé publique ou votre centre de santé communautaire.
Appendix J

Seasonal Influenza Vaccine Consent Form
(FLUVIRAL® – for IM Injection)

Fax daily to RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

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 Answer:

1. Is this a child 6 months to 8 years old who has never been vaccinated against influenza?
   - Yes
   - No
   *If yes, child should receive 2 doses, 4 weeks apart otherwise only one dose is required

2. Are you a healthcare worker?
   - Yes
   - No

3. Are you sick with fever today?
   - Yes
   - No

4. Do you have bleeding problems or take blood thinners?
   - Yes
   - No

5. Are you allergic to:
   - Eggs
   - Thimerosal
   - Formaldehyde
   - Neomycin
   - No
   - Wheezing or chest tightness
   - Difficulty breathing or swallowing
   - None
   - Swelling of the mouth or throat
   - Hospitalization
   - Other severe reaction (specify): ______________________

6. Have you ever experienced any of the following after a previous influenza vaccine:
   - Wheezing or chest tightness
   - Difficulty breathing or swallowing
   - None
   - Swelling of the mouth or throat
   - Hospitalization
   - Other severe reaction (specify): ______________________

1 A healthcare worker is staff of Community Health Centres, QGH, Iqaluit Public Health/Family Practice, Dental Clinics, Pharmacists and Pharmacy Technicians

CONSENT:
I have read or had explained to me the Seasonal Influenza Vaccine Information Sheet and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving the seasonal influenza 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) _______________________

VACCINATION RECORD – ADMINISTRATIVE USE ONLY

NOTE IF THIS CONSENT is for a 2 to 17 YEAR OLD CHILD, PLEASE SPECIFY WHY FLUMIST® WAS NOT GIVEN:
☐ FLUMIST® contraindicated ☐ Parent/Guardian preference ☐ Other: ______________________

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Dose</th>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Signature &amp; Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>IM</td>
<td>0.5 mL</td>
<td>FLUVIRAL®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>IM</td>
<td>0.5 mL</td>
<td>FLUVIRAL®</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Seasonal Influenza (Fluviral) vaccine consent (revised August 2012)
Appendix J

Seasonal Influenza (Fluviral) vaccine consent (revised August 2012) Inuktitut

Fax daily to RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

**Fax daily to RCDC:**

**Baffin (867-975-4833):**
- Kitikmeot (867-983-4088)
- Kivalliq (867-645-8272)

ᐃᒡᓗ/ᐃᒡᓗᕐᔪᐊᑉ ᓈᓴᐅᑖ:

**ᑎᑎᖅᑲᒃᑯᕕᐊ:**

ᐊᖓᔪᖅᑳᑉ/ᒥᐊᓂᖅᓯᔨᐅᑉ ᐊᑎᖓ:

ᐅᖃᓘᑦ (ᐅᖃᓘᑎᑯᓗᒃ/ᐊᖏᕐᕋ/ᓴᓇᕝᕕᒃ/ᐊᓯᐊᓂ):

ᐅᖃᓘᑖ (ᐅᖃᓘᑎᑯᓗᒃ/ᐊᖏᕐᕋ/ᓴᓇᕝᕕᒃ/ᐊᓯᐊᓂ):

ᐅᖃᓗᑖ (ᐅᖃᓘᑎᑯᓗᒃ/ᐊᖏᕐᕋ/ᓴᓇᕝᕕᒃ/ᐊᓯᐊᓂ):

ᐃᖅᑲᓇᐃᔭᕐᕕᒃ/ᐃᓕᓐᓂᐊᕐᕕᒃ:

**ᐅᑯᐊ ᑭᐅᒃᑭᑦ:**

1. ᑎᓴᒻᒥ ᑲᑐᕐᙵᐃᑦ ᒪᕐᕈᐃᖅᓱᕐᓗᓂ ᐱᑎᑕᐅᔭᕆᐊᖃᖅᐳᖅ, ᐱᓇᓱᐊᕈᓯᑦ ᑎᓴᒪᑦ ᐊᑯᑦᑐᑎᒋᔪᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑕᐅᓯᐊᑐᐃᓐᓇᕆᐊᖃᖅᖢᓂ

2. ᖃᓄᐃᓕᓐᓇᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑎ ᓇᓗᓇᐃᖅᑕᐅᓲᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᓂᖓᓄᑦ ᐋᓐᓂᐊᕐᕕᖕᒥ, ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕐᕕᒡᔪᐊᕐᒥ, ᐃᖃᓗᐃᑦ ᐃᒃᑐᐊᕐᕕᐊᓛᕐᕕᖕᒥ/ᖃᑕ_unsignedᒃ ᑲᒪᔨᑦ, ᑭᒍᓯᕆᔨᒃᑯᑦ, ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ, ᐊᒻᒪᓗ ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ.

3. ᐊᖏᕐᕋᒃᑯᑦ ᐳᕕᓕᖅᖢᓂ

4. ᖃᓄᐃᓕᓐᓇᖅᑐᑦ ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ ᐊᖏᕈᕕᐃᑦ, ᕿᑭᒃᑯᑦ ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ, ᐊᒻᒪᓗ ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ.

5. ᐋᓐᓂᐊᕋᑦᑎᐊᕐᓗᒍ ᐊᑏᑦ ᐽᔨᑯᔪᖅᑕᐅᔪᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᖓᔪᖅᑳᖑᔪᒧᑦ/ᒥᐊᓂᖅᓯᔨᒋᔭᐃᑦ (ᐱᔭᕆᐊᖃᖅᐸᑦ)

6. ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕐᕕᖕᒥ ᑲᒪᔨᑦ, ᑭᒍᓯᕆᔨᒃᑯᑦ, ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ, ᐊᒻᒪᓗ ᐃᖢᐊᖅᓴᐅᑎᓕᕆᔨᑦ.

ᐊᖏᕈᑎ:

ᐊᕙᓐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ 5.0 mL  FLUVIRAL®

1.  IM 0.5 mL FLUVIRAL®

2.  IM 0.5 mL FLUVIRAL®

Seasonal Influenza (Fluviral) vaccine consent (revised August 2012) Inuktitut
Appendix J  
Qalalaqinnarhigaangat Influenza-mut Kapurhigiyiq
Angirut Titiraq (FLUVIRAL® –IM Kapurhigiyiqmut)

Ubluq tamaat kayumikkut tuyuqlugu RCDC: Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

Iglunga/Igluqap Nampa: ______________________
Titiraqarvinga: ______________________
Angayuqanga/Munaqtinga naunaitkut:
Hivayautinga (tigumiaqattaqtaut/iglunga/havakvinga/aatla): ______________________
Hivayautinga (tigumiaqattaqtaut/iglunga/havakvinga/aatla): ______________________
Phone #: (tigumiaqattaqtaut/iglunga/havakvinga/aatla): ______________________
Havakvik/Sikuurvik: ______________________

Kiulugit:

1 Una nutarauva ukiulik 6nik tatqirhiutinik 8mut ukiuqaatutsut kapurhigiyiqayuittuq influenza-qnaittumik?

   *Angiruvit, nutaqqat kapurhigiyqtkuktaqmaluq malrukniq, hitamanik Santininguraqpat taimaa atawiniinaqmiq kapurhigiyumik nakuuyuq
   Hii ☐  Imannaq ☐

2 Munarhitkuni Hannavikpi?

   Hii ☐  Imannaq ☐

3 Kitjakpit ublumi?

   Hii ☐  Imannaq ☐

4 Auklaqigaangavit auklaqihuilimaqpakpit havautituqqilluuniit aut?

   Hii ☐  Imannaq ☐

5 Pilimaliptit hapkuninniqa:

   Manniknikiq ☐  Thimerosal-niq ☐  Formaldehyde -niq ☐  Neomycin-niq ☐
   Imannaq ☐

6 Mihiknaqhivakpa kapurhigiyri马克 influenza-qnaittumik:

   ☐ Aniqhaagiami ayurhaliqqat
   ☐ Ayurhaliqqat aniqhaagiamiq ilqamiliqin
   ☐ Puvipkaqqat qaninaq iggiangaluuniit
   ☐ Aaniarvijjutakpat
   ☐ Guillain-Barré –niq Aaniarvijjutakpat
   ☐ Atlat mihiknaqhivakpa (naunaitkutaq)

   Plisak ☐

7 Munarhitkuni havaktuq imaattut ittuq havaktuq Munarhitkuni, QGH-mi, Iqaluit Munarhitkuni/Taaktimi, Kiguhiqiimi, Havautiliqiimi Kapurhigiyumik

   Angirut: Taiguqtara naunaitqititaqta umumuna Qalalaqinnarhigaangat Influenza-mut Kapurhigiyiq Naunaitkutaq Titiraq apirhiyuqul apirhiyuqumik nakuuyuqumik.
   Ilhirningumungirikuyat ayurhaliqqat atuqkapurhigiyumik
   Angiqtunga piyakhauqul influenza-qnaittumik kapurhigiyumik umumunqa:

   Uvannik ☐  Nutarara ☐
   Nutarara/Munaryara ☐
   Aaniarvijjutimut Naunaitkutit ☐
   Nunagiyat ☐

Taiguaqnaqtumik titiraqlugut atiti: Sainiutlinga Kapurhigiyutit Tikkuaqtauninngaluuniit (pitaaqqat)

Iglunga/Igluqap: ______________________

Ublumi: (dd/mm/yyyy)

KAPURHIGIYIQUMUT NAUNAITKUTAQ – TITIQIQUITKUT ATUQTAKHAINAAT

<table>
<thead>
<tr>
<th>UNA ANGIRUT</th>
<th>piyakhauqpat 2 – 17 mutluuniit UKIUQATQTUNUT, NAUNAITJAVAT HUUQ FLUMIST® –MIK TUNIYAUNNGITTUQ:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ FLUMIST® contraindicated</td>
<td>☐ Angiruvat/Munaqtit piyaxuqutatag</td>
</tr>
<tr>
<td>☐ Aatlat: ______________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kapurhigiyin nga</th>
<th>Qanga</th>
<th>Humnun gaqutumi</th>
<th>Qanuritt uq</th>
<th>Qafinik</th>
<th>Kapurhigiyiqt</th>
<th>Ilanganik Nampanga</th>
<th>Sainiutlinga Tikkuqtauningalu</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>/</td>
<td>/</td>
<td>dd / mm / yyyy</td>
<td>IM</td>
<td>0.5 mL</td>
<td>FLUVIRAL®</td>
<td>\</td>
</tr>
<tr>
<td>2</td>
<td>/</td>
<td>/</td>
<td>dd / mm / yyyy</td>
<td>IM</td>
<td>0.5 mL</td>
<td>FLUVIRAL®</td>
<td>\</td>
</tr>
</tbody>
</table>

Seasonal Influenza (Fluviral) vaccine consent (revised August 2012) Innuinaaqtun
Formulaire de consentement au vaccin antigrippal saisonnier (FLUVIRAL® – Injection par voie IM)

Télécopiez les formulaires au RCDC une fois par jour : Baffin (867-975-4833); Kitikmeot (867-983-4088); Kivalliq (867-645-8272)

<table>
<thead>
<tr>
<th>Maison/N° d’édifice :</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case postale :</td>
<td>________________</td>
</tr>
<tr>
<td>Parent/Tuteur :</td>
<td>________________</td>
</tr>
<tr>
<td>Téléphone (cell./domicile/travail/autre) :</td>
<td>________________</td>
</tr>
<tr>
<td>Téléphone (cell./domicile/travail/autre) :</td>
<td>________________</td>
</tr>
<tr>
<td>Téléphone (cell./domicile/travail/autre) :</td>
<td>________________</td>
</tr>
<tr>
<td>Travail/Ecôle :</td>
<td>________________</td>
</tr>
</tbody>
</table>

Veuillez remplir OU apposer une étiquette

Nom de famille : ________________  Prénom : ________________  Sexe (H/F) : ________________  DDN (jj/mm/aaaa) : ________________  N° de dossier : ________________  N° de RAM : ________________  Collectivité de résidence : ________________

Veuillez répondre aux questions suivantes :

1. S’agit-il d’un enfant âgé entre 6 mois et 8 ans qui n’a jamais été vacciné contre la grippe? 
   - Oui  - Non

   * Si oui, l’enfant doit recevoir deux doses, à 4 semaines d’intervalle; sinon, une seule dose suffit.

2. Êtes-vous un professionnel de la santé ?
   - Oui  - Non

3. Faites-vous de la fièvre aujourd’hui?
   - Oui  - Non

4. Avez-vous des problèmes de saignement ou prenez-vous des anticoagulants?
   - Oui  - Non

5. Êtes-vous allergique aux produits suivants?
   - Oeufs
   - Thimérosal
   - Formaldéhyde
   - Néomycine
   - Aucun

6. Avez-vous déjà connu les problèmes suivants à la suite d’un vaccin antigrippal?
   - Difficulté à respirer ou à avaler
   - Restaurant sifflante ou serrement de poitrine
   - Gonflement de la bouche ou de la gorge
   - Syndrome de Guillain-Barré
   - Autre réaction aiguë (précisez) : ______________________

CONSENTEMENT

J’ai lu, ou on m’a expliqué, la Feuille de renseignements sur le vaccin antigrippal saisonnier. J’ai eu la possibilité de poser des questions auxquelles j’ai reçu des réponses satisfaisantes. Je comprends les avantages et les risques du vaccin.

Je consens à l’administration du vaccin antigrippal saisonnier pour :

- moi-même ou
- mon enfant ou
- ma personne à charge/mon enfant en tutelle

Nom en caractères d’imprimerie  Signature du client ou du parent/tuteur légal (s’il y a lieu)  Date (jj/mm/aaaa)

CARNET DE VACCINATION – À DES FINS ADMINISTRATIVES SEULEMENT

<table>
<thead>
<tr>
<th>NOTE</th>
<th>SI CE CONSENTEMENT est pour un ENFANT de 2 à 17 ANS, VEUDEZ PRÉCISER POURQUOI FLUMIST® N’A PAS ÉTÉ ADMINISTRÉ.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FLUMIST® était contre-indiqué</td>
</tr>
<tr>
<td>Dose</td>
<td>Date</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix K

### 2012/13 Seasonal Influenza Vaccine Information Sheet for Healthcare Providers in Nunavut

<table>
<thead>
<tr>
<th>Product Characteristics</th>
<th>Live Attenuated Influenza Vaccine (LAIV)</th>
<th>Trivalent Inactivated Vaccine (TIV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>AstraZeneca</td>
<td>GlaxoSmithKline (GSK)</td>
</tr>
<tr>
<td>Product name</td>
<td>FLUMIST®</td>
<td>FLUVIRAL®</td>
</tr>
<tr>
<td>Vaccine type</td>
<td>Live attenuated</td>
<td>Inactivated – split virus</td>
</tr>
<tr>
<td>Route</td>
<td>Intranasal spray</td>
<td>IM</td>
</tr>
<tr>
<td>Dose &amp; site</td>
<td>0.2 mL (0.1 mL in each nostril)</td>
<td>0.5 mL (given into the deltoid or anterolateral thigh)</td>
</tr>
<tr>
<td>Authorized ages for use in Nunavut</td>
<td>Ages 2 to 17 years old</td>
<td>6 months and older. May be used for ages 2 – 17 years when FLUMIST® is contraindicated or unavailable</td>
</tr>
<tr>
<td>Formats available</td>
<td>Prefilled single use glass sprayer</td>
<td>5 mL multidose vial</td>
</tr>
<tr>
<td>Thimerosal</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Antibiotics (trace)</td>
<td>Gentamicin</td>
<td>None</td>
</tr>
<tr>
<td>Clinically relevant non-medical ingredients</td>
<td>Egg protein; Gelatin hydrolysate; Sucrose; Arginine</td>
<td>Egg protein; Formaldehyde; Sodium deoxycholate; Sucrose</td>
</tr>
<tr>
<td>Pediatric considerations</td>
<td>Children 6 months to 8 years of age receiving influenza vaccine for the first time require 2 doses, 4 weeks apart. Those who have been previously received 1 or more doses only require 1 dose per season</td>
<td>Children 6 months to 8 years of age receiving influenza vaccine for the first time require 2 doses, 4 weeks apart. Those who have previously received 1 or more doses only require 1 dose per season</td>
</tr>
<tr>
<td>Child with runny/stuffy nose</td>
<td>Proceed with FLUMIST® as long as nasal mucosa can be visualized. If nasal cavity is occluded, delay FLUMIST® or consider FLUVIRAL®</td>
<td>Proceed to vaccinate if meets the remaining criteria and consent has been obtained from caregiver</td>
</tr>
<tr>
<td>Simultaneous administration with other vaccines</td>
<td>May be given at the same time as other inactivated or live vaccines. However, after administration of a live vaccine (such as FLUMIST®), at least 4 weeks should pass before another live vaccine is administered</td>
<td>May be given at the same time as other inactivated or live vaccines</td>
</tr>
<tr>
<td>Simultaneous administration with TST</td>
<td>A TST should be placed on the same day as FLUMIST®, or deferred for at least 4 weeks from day of vaccine</td>
<td>No effect on the timing of a TST</td>
</tr>
</tbody>
</table>
| Vaccine interchangeability | FLUMIST® and FLUVIRAL® are interchangeable | - Anaphylactic reaction to a previous dose or vaccine components i.e. eggs, gentamicin, gelatin, arginine  
  **NOTE:** Do not vaccinate those with egg allergy  
  - Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination, an apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization  
  - ORS with lower respiratory tract symptoms  
  - Serious acute febrile illness  
  - Guillain Barré (GBS) within 8 weeks of a previous influenza vaccine  
  - Individuals with severe asthma (defined as currently on inhaled or oral glucocorticosteroids or active wheezing) OR those with medically attended wheezing in the 7 days prior to vaccination  
  - Individuals 2-17 years currently receiving aspirin or aspirin-containing medication  
  - Immune compromised  
  - Close contact with persons with severe immune compromising conditions (e.g. bone marrow transplant recipients requiring isolation)  
  - Individuals taking antiviral medications e.g. oseltamivir (Tamiflu) or zanamivir  
  **NOTE:** Do not vaccinate those with egg allergy  
  - Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza vaccination, an apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization  
  - ORS with lower respiratory tract symptoms  
  - Serious acute febrile illness  
  - Guillain Barré (GBS) within 8 weeks of a previous influenza vaccine |

Contact the RCDC with questions not addressed here