# Influenza Vaccine

## Quadrivalent Inactivated: Afluria® Tetra

**Implementation:** October 2019

Please consult the Product Monograph for further information about the vaccine.

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<th>AFLURIA® TETRA</th>
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<td><strong>Manufacturer</strong></td>
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| **Schedule** | 5 years to 8 years of age:  
1 or 2 doses  
Note: Children younger than nine years of age, who have never received a dose of seasonal influenza vaccine, require two doses with a minimum interval of four weeks between doses. Children younger than nine years of age, who have received one or more doses of seasonal influenza vaccine in the past, should receive one dose.  
9 years of age and older:  
1 dose |
| **Contraindications** | Known severe hypersensitivity to any component of the vaccine with the exception of egg (see Precautions below).  
Anaphylactic or other allergic reaction to a previous dose of influenza vaccine.  
Avoiding subsequent immunization of individuals known to have had Guillain-Barré Syndrome (GBS) within six weeks of a previous influenza immunization appears prudent at this time. However, the potential risk of GBS recurrence associated with influenza vaccine must be balanced against the risk of GBS associated with influenza infection itself and the other benefits of influenza immunization. The relative and attributable risks of GBS after seasonal influenza immunization are lower than those after influenza illness. |
### Precautions

- Egg-allergic individuals may be immunized against influenza using inactivated vaccine without a prior influenza vaccine skin test and with the full dose of vaccine, irrespective of a past severe reaction to egg.\(^3\) Egg-allergic vaccine recipients should be kept under observation for 30 minutes following the administration of inactivated influenza vaccine.

- Expert review of the risks and benefits of influenza immunization should be sought for individuals who previously experienced severe lower-respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza immunization, an apparent significant allergic reaction to the vaccine or any other symptoms (e.g., throat constriction or difficulty swallowing) that raise concern regarding the safety of re-immunization.\(^3\) This advice may be obtained from the local Medical Officer of Health or other experts in infectious disease, allergy, immunology and/or public health or any combination of these specialties.\(^3\)

- Individuals who have experienced oculo-respiratory syndrome (ORS) including those with a severe presentation (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) but without lower respiratory tract symptoms, may be safely re-immunized.\(^3\) Advice of an expert should be sought before immunizing individuals who experienced ORS with lower respiratory tract symptoms.\(^3\)

- Although influenza vaccine can inhibit the clearance of warfarin and theophylline, clinical studies have not shown any adverse effects attributable to these drugs in people receiving influenza vaccine.\(^3\)

### Possible reactions

See Product Monograph

### Pregnancy

Inactivated influenza immunization is recommended for all pregnant women, at any stage of pregnancy, due to the risk of influenza related morbidity.\(^3\) The safety of inactivated influenza vaccine during pregnancy has been reviewed and has not shown evidence of harm to the mother or fetus.\(^3\)

### Lactation

Breastfeeding women should be immunized.

### References


