Influenza Vaccine Quadrivalent Inactivated: FLUZONE® 2017-2018

Revision Date: June 15, 2017

Please consult the Product Monograph¹ for further information about the vaccine.

<table>
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<th>FLUZONE® Quadrivalent 2017-2018</th>
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<td><strong>Manufacturer</strong></td>
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<td><strong>Off-license use</strong></td>
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</table>
| **Influenza strains for 2016-2017 season** | A/Michigan/45/2015 X-275 (H1N1)pdm09-like virus¹,²  
A/Hong Kong/4801/2014 X-263B (H3N2)-like virus¹,²  
B/Brisbane/60/2008-like virus¹,²  
B/Phuket/3073/2013-like virus¹,² |
| **Indications for use of provincially funded vaccine** | Albertans:  
• Six months of age and older  
• Pregnant women |
| **Use in infants younger than six months of age** | Not recommended for infants younger than six months of age.¹ |
| **Dose** | 0.5 mL¹,³ |
| **Route** | Intramuscular injection |
| **Schedule** | 6 months 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.¹,³ 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.¹,³  
9 years of age and older:  
♥ 1 dose |
| **Contraindications** | • Known severe hypersensitivity to any component of FLUZONE®¹ with the exception of egg² (see Precautions below).  
• Anaphylactic or other allergic reaction to a previous dose of influenza vaccine.¹  
• 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.¹,³ 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.¹,³ The relative and attributable risks of GBS after seasonal influenza immunization are lower than those after influenza illness.⁴ |
| **Precautions** | • Egg-allergic individuals may be immunized against influenza using trivalent or quadrivalent 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, dyspnea) within 24 hours of influenza immunization, an apparent significant allergic reaction to the vaccine or any other symptoms (e.g., throat constriction or dysphagia) that raise concern regarding the safety of re-immunization. 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.

Individuals who have experienced oculorespiratory 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. Advice of an expert should be sought before immunizing individuals who experienced ORS with lower respiratory tract symptoms.

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.

**Possible reactions**

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<th>Local:</th>
<th>Injection site pain, tenderness, erythema and swelling.</th>
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<td>Systemic:</td>
<td>Headache, myalgia, red eyes, throat tightness, cough, arthralgia, fever, malaise, chest tightness, dizziness, gastrointestinal symptoms, swelling of the face, appetite loss, drowsiness, irritability.</td>
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<td>The following additional adverse events have been reported through post-market surveillance of trivalent FLUZONE®: Allergic reactions including anaphylaxis, GBS, angioedema, lymphadenopathy, urticaria, ORS, facial paralysis, ocular hyperemia, thrombocytopenia, encephalitis, encephalopathy, demyelinating disease, and febrile convulsions.</td>
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Refer to: *Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers.*

**Pregnancy**

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

**Lactation**

Breastfeeding women should be immunized.
References


