



FALL NEWSLETTER

IEI MISSION STATEMENT:

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The **Immunization Education Initiative** (IEI) is a national group of nurses partnering with other immunization supporters, who educate about the importance of immunization to enhance the health of Canadians.

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**Immunization
Education
Initiative**

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IMMUNIZATIONS FOR NEWCOMERS TO CANADA

Ensuring full immunization coverage for newcomers to Canada, such as immigrants, refugees, or internationally adopted children, can be difficult. Challenges include:

- ▶ differences in immunization schedules between Canada and the country of origin
- ▶ language barriers in interpreting written immunization records from the country of origin
- ▶ lack of written immunization records
- ▶ missing immunizations due to difficult living conditions or lack of vaccine availability in the country of origin
- ▶ vaccination status and testing of immunity (e.g., tuberculin skin testing and hepatitis B serologic testing) is not routinely reviewed during immigration medical examinations
- ▶ differences in susceptibility to certain diseases depending on country of origin (e.g., in tropical countries, chickenpox is more likely to occur in adults, so adults and adolescents from these climates are more likely to be at risk and require vaccination).

Here are a few steps to follow to help newcomers get full immunization coverage:

1. Obtain immunization records from the country of origin (if possible). If needed, use a translator (or a member of the community fluent in both languages) to read the records. Only written records (rather than an oral history) should be considered valid.
2. Compare the patient's immunization record to the recommended Canadian immunization schedule for their age group. To access immunization schedules, see the Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/im/is-cv/>) and the National Advisory Committee on Immunization's Canadian Immunization Guide (<http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>). Assume that the potency of vaccinations does not differ between countries. However, only immunizations given at ages and timeframes similar to the ones recommended in the Canadian guidelines should be considered valid.
3. Start a new immunization record for the patient. Transfer immunizations that the patient has already received (and for which a reliable written record is available) to their new immunization record, and add new immunizations as they are given.
4. Arrange to give the missing immunizations. Refer to the "catch-up" guidelines in the Canadian Immunization Guide. In some cases, serologic tests may be needed to check for immunity if the status of an immunization is in doubt. It is generally recommended to test for hepatitis B, hepatitis C, HIV, and sickle cell disease to guide immunization recommendations for the person (e.g., people with hepatitis C should be vaccinated against hepatitis A and B if they are not already infected). If it is not clear whether an immunization has been given, consider giving the immunization again.
5. If patients or their families plan to return to their country of origin for a visit, recommend a visit to the travel clinic 6 to 8 weeks before departure.



WHY ARE PEOPLE MISSING THEIR INFLUENZA VACCINES AND WHAT CAN WE DO?

Having an annual influenza vaccine is an important way to prevent seasonal influenza. The National Advisory Committee on Immunization (NACI) recommends an annual influenza vaccine for people at high risk of influenza complications, such as:

- ▶ people (of any age) with chronic medical conditions
- ▶ people living in long-term care facilities such as nursing homes
- ▶ healthy pregnant women
- ▶ seniors
- ▶ healthy children aged 6 to 23 months

NACI also recommends an influenza vaccine for:

- ▶ people who will have close contact (e.g., health care workers, household members, childcare providers) with those at high risk of complications (see above)
- ▶ Aboriginal people
- ▶ healthy children 2 to 4 years of age
- ▶ people who are very overweight (with a body mass index of 40 or higher)
- ▶ providers of essential services (such as firefighters)

People who do not fall into these groups are also encouraged to have a yearly influenza vaccine to reduce their risk of contracting and spreading the flu.

However, some people who would benefit from an influenza vaccine are not having one. A recent study reported that for Canadians, only 37% of the general population, 64% of health care workers, and 70% of people over 65 had their influenza vaccine. The study found that the most common reasons not to get an influenza vaccine are:

- ▶ Belief that the influenza vaccine is “not necessary” for them: 70% of Canadians who did not receive an influenza vaccine gave this reason (36% said they didn’t need it because they were healthy, 25% simply said “not necessary” without specifying a reason, 9% said they didn’t think it worked, 6% said they didn’t want it without specifying a reason, 4% said they didn’t trust vaccines, and 2% said they were only for people at risk; numbers add to more than 70% because of

multiple mentions). This was more likely for young healthy people (74% of young healthy people gave this answer versus only 57% of young people with a chronic medical condition).

- ▶ Convenience and scheduling: 19% of Canadians who failed to get an influenza vaccine said they were unable to get to the immunization location, they forgot, they were too busy, or they were not aware that influenza vaccines were available to them.
- ▶ Concerns about side effects: 13% of Canadians cited concerns about adverse reactions as their reason for not having an influenza vaccine.
- ▶ Concerns about safety in pregnancy: Only 31% of the public and 38% of health care professionals felt that the flu vaccine was safe in pregnancy (but in fact it is both safe and recommended in pregnant women).

Interestingly, Canadians were more likely to feel that the influenza vaccine was important (40% said “very important” and 29% said “somewhat important”) to prevent illness in others than to prevent illness for themselves (30% said “very important” and 23% said “somewhat important”). People living with a child under 2 or someone with a chronic illness were significantly more likely to say that influenza vaccines were important to protect others from illness.

To improve vaccination rates, it would make sense to target the following areas for interventions:

- ▶ Educate both patients and health care professionals on the safety of the flu vaccine in pregnancy.
- ▶ Emphasize the benefits of influenza vaccines in terms of protecting loved ones from illness.
- ▶ Promote the benefits of influenza vaccines for young healthy people, such as avoiding the “down-time” caused by the flu (most people take 7 to 10 days to recover).
- ▶ Educate patients to help manage concerns about side effects.
- ▶ Use reminders to raise awareness of influenza vaccine clinic times and locations and offer convenient hours.



UPDATE ON VARICELLA (CHICKENPOX) VACCINE

Routine varicella (chickenpox) vaccination was first recommended by the National Advisory Committee on Immunization (NACI) in 1999, and a one-dose varicella vaccine schedule has been part of the routine immunizations in all provinces and territories since 2007. However, programs generally used only a single dose of varicella vaccine, which was associated with two issues:

- ▶ Primary vaccine failure (cases where the vaccine did not produce protective immunity against varicella infection) is more likely to occur with a one-dose schedule than with a two-dose schedule.
- ▶ Secondary vaccine failure (cases where the vaccine initially protected patients from varicella, but immunity waned over the years) is more likely to occur with a single-dose schedule. Secondary failure pushes the onset of the disease later into adolescence or adulthood, when the risk of complications is higher.

Switching to a two-dose schedule can help resolve these issues.

The table below summarizes NACI (2010) and CPS (Canadian Paediatric Society; 2011) recommendations for a two-dose schedule for varicella vaccination:

NACI AND CPS RECOMMENDATIONS FOR TWO-DOSE VARICELLA SCHEDULE

Group	NACI Recommendations	CPS Recommendations
Healthy children aged 12 months to 12 years	2 doses: <ul style="list-style-type: none"> ▶ First dose at 12 to 15 months of age ▶ Second dose at 18 months or 4 to 6 years of age 	2 doses: <ul style="list-style-type: none"> ▶ First dose at 12 to 18 months of age ▶ Second dose at 4 to 6 years of age*
People aged 13 and over who have not had the vaccine or the disease	2 doses, at least 6 weeks apart (this timing reflects the product monographs of available varicella vaccines in Canada)	2 doses, at least 4 weeks apart

**Since the expert panel of the Canadian Paediatric Society (CPS) judged that secondary vaccine failure (waning immunity) is more important than primary vaccine failure, they recommend that the second dose be given at 4 to 6 years of age.*

Further research is needed into the optimal timing of the second dose and whether additional boosters may be needed.

Immunization Education Nurses are available to provide education sessions for your group or organization of health care professionals.

There are several presentations to choose from: *Administration Techniques, Communication Strategies, Immunology/Vaccinology, Immunization Overview, and Influenza.* Each session takes about 1½ hours and light refreshments are provided. **Best of all, there is no cost to your group!**

For further information or to book a presentation, please visit our website at www.immunizationeducation.ca.



IMMUNIZATION NEWS

- ▶ A recent study published in the Canadian Medical Association Journal (CMAJ) found that when healthy children 2 to 4 years of age were routinely vaccinated against influenza, the rate of flu-like illness decreased by 34% in this age group. The NACI recommends routine flu vaccination in this age group.

VACCINE TRUTHS

- ▶ Being vaccinated early in the flu season does not mean that your protection against the flu will begin to wear off later in the season. The effects of the vaccine will last throughout the year's flu season. The best way to get protected is to have the influenza vaccine as soon as it is available in the fall.
- ▶ New vaccines are not untested or unsafe. Before a vaccine can be sold in Canada, it must first pass through rigorous tests of safety and effectiveness. Each lot of vaccine must undergo its own set of safety tests by both the manufacturer and Health Canada.

IMMUNIZATION – BY THE NUMBERS

- ▶ Pneumococcal vaccine coverage is better among people aged 65 and over (39%) than among people aged 18 to 64 with a chronic medical condition (17%).
- ▶ Among adults who have not had chickenpox as children and are therefore at risk, only 14% have received the chickenpox vaccination.

IEI NEWS

Interested in becoming an Immunization Education Nurse?

Contact the IEI for more information!

Don't forget to visit the IEI website at

www.immunizationeducation.ca!

To stay informed on immunization news, bookmark www.immunizationeducation.ca or make it your home page.



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MISSED OPPORTUNITIES FOR VACCINATION

People are much more likely to have a vaccination when a health care professional recommends it. A recent study found that when a health care professional recommended the influenza vaccine, 79% of people received it, but without a recommendation from a health care professional, only 24% of people had an influenza vaccine. This means that there is an excellent opportunity to increase vaccination rates by screening and offering needed vaccinations.

Unfortunately, this opportunity is often missed. Recent research shows that there are a number of vaccines that people would be very likely to have if a health care professional recommended them, but that these vaccines are not always being offered. The table below shows some missed opportunities and suggestions for how to improve vaccination rates.

Missed opportunities and vaccination strategies

OPPORTUNITY	STRATEGY
<p>Influenza vaccine at emergency department (ED) visits: Influenza vaccines should be given annually. Only 9% of patients visiting the ED were offered an influenza vaccine, but recommending the influenza vaccine to patients in the ED increases the acceptance rate from 40% to 84%.</p>	<p>Offer influenza vaccination during ED visits.</p>
<p>Tetanus-diphtheria-pertussis vaccine assessment at annual physical and routine medical visits: A tetanus-diphtheria booster (Td) should be given every 10 years. All preadolescents, adolescents, and adults who have not yet received a dose of acellular pertussis vaccine should receive a single dose. A cellular pertussis vaccine coverage is very poor (4% in the general adult population and 10% of health care professionals), indicating that most people are not being offered this vaccine.</p> <p>Most health care professionals (78%) are recommending a tetanus shot for patients who visit them for wound treatment. However, when patients do not have a wound, only 26% of patients receive a recommendation for tetanus vaccine. When patients receive a recommendation for tetanus vaccine, 88% have the vaccination.</p>	<p>At each annual physical and routine medical visit, inquire about Td booster status and whether the person has had at least one dose of acellular pertussis vaccine. For people who need a Td booster (a minimum of 5 years and a maximum of 10 years is recommended between doses), give the combined Td vaccine.</p> <p>For people who need tetanus, diphtheria, and acellular pertussis, give the combined diphtheria-tetanus-acellular pertussis vaccine (Tdap). The only adult vaccine containing acellular pertussis in Canada is the combined tetanus, diphtheria, and acellular pertussis vaccine. Therefore, for people who need acellular pertussis, it is acceptable to give Tdap less than 5 years after the last Td dose (the risk of being unprotected from pertussis is greater than the risk of adverse effects due to recent Td administration).</p>
<p>Pneumococcal vaccine assessment at annual physical and routine medical visits: Most people who should have a pneumococcal vaccine (74%) do not receive a recommendation from a health care professional. But when people do receive this recommendation, 93% go on to have the vaccine.</p>	<p>At each annual physical and routine medical visit, inquire about pneumococcal disease risk factors (age 65 and over, people with chronic medical conditions or immunosuppression, people with cochlear implants, smokers, people with alcoholism) and offer the vaccine to all adults who are at risk and have not yet received one dose. If it is not clear whether someone has already received the vaccine, a dose of the vaccine should be given.</p>