

# the 2016 influenza guide for pharmacists



Influenza Specialist Group

## INFLUENZA VACCINATION ADVOCACY — AN IMPORTANT ROLE FOR PHARMACISTS

Pharmacists, as the most frequent healthcare point of contact with the public, are ideally placed to help offer advice and to educate about influenza.

- Advocate vaccination<sup>1</sup>
- Educate about the difference between colds and flu
- Promote importance of hand hygiene — flu, gastro and other infections are often transmitted by hand contact.

1 A recent Japanese study investigating Influenza vaccination advocacy of community pharmacists for older (>65) adults found a difference in vaccination rates of 81.6% compared with the control group (64.9%).

Influenza in Australia results in more than **18,000 HOSPITALISATIONS** each year.

### RISKS OF INFLUENZA

### HOSPITALISATION EXACERBATION DEATH

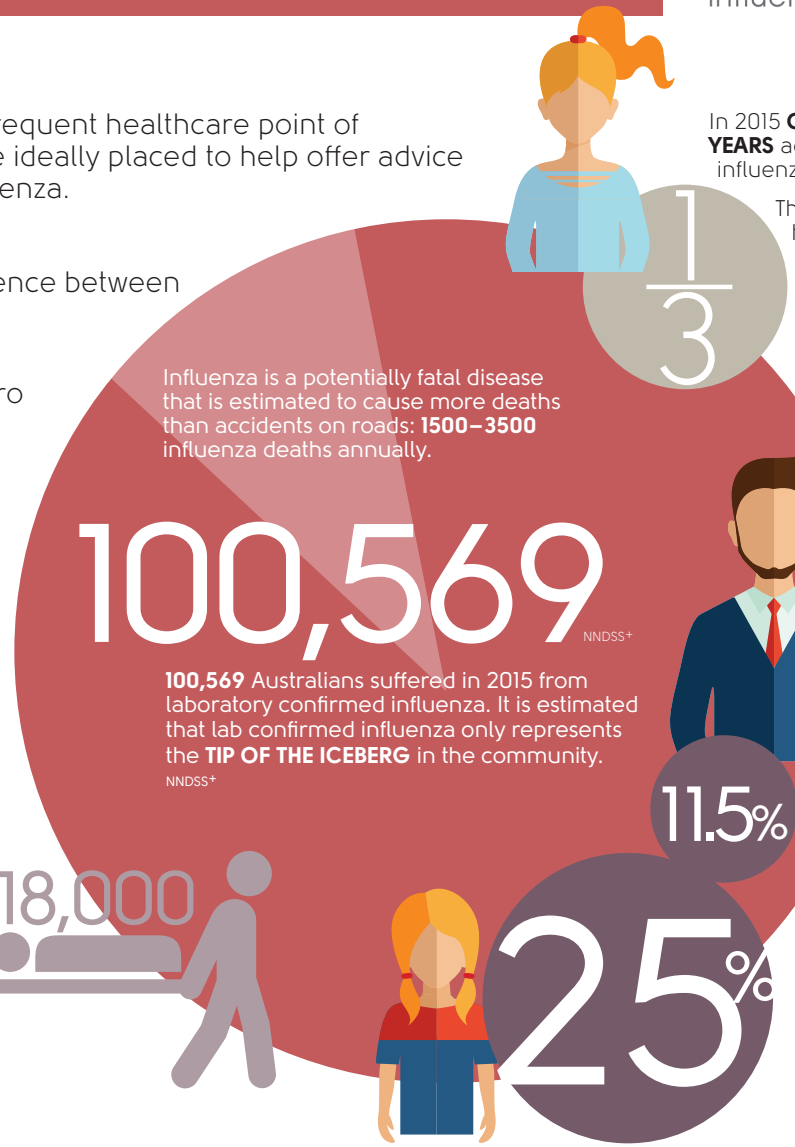
### BENEFITS OF VACCINATION

#### PREVENT INFECTION

#### PROTECT AGAINST NCDs\*

#### PROTECT AGAINST COMPLICATIONS FROM EXISTING NCDs\*

\* non-communicable diseases, e.g. heart attack, stroke



+ Figures quoted from National Notifiable Diseases Surveillance System at 31 December 2015.

### ANTIVIRAL TREATMENT

Prescribed antiviral medication is an option providing it is administered **WITHIN 48 HOURS OF SYMPTOM ONSET**. Analgesics only influence symptoms, not the progress of the infection. Discourage people from trying to maintain normal activities; it is potentially bad for their own outcome, and may spread the infection to others.

## Which vaccine?

In 2016 both the TIV and QIV will be available in the private market, and either is suitable for use in adults. Specific brands are recommended for use in children over the age of 6 months (see Influenza and children overleaf).

### Which vaccine is preferred?

Surveillance data indicates that, in some influenza seasons, QIV should provide better coverage than TIV against influenza B because the type B lineage(s) that circulate in any given season are not totally predictable. However, the degree to which QIV will translate into additional clinical protection for patients when compared to TIV remains to be demonstrated clinically. TIV vaccine will provide equal protection against the 3 strains common to both TIV & QIV in any particular season and is therefore preferred over delayed or non-vaccination. Delaying vaccination may lead to people missing out on vaccination and the undesirable outcome of lower coverage across the community.

The trivalent influenza vaccine for the Australian 2016 influenza season contains the following three virus strains:

- A (H1N1): an A/California/7/2009 (H1N1) - like virus
- A (H3N2): an A/Hong Kong/4801/2014 (H3N2) like virus\*
- B: a B/Brisbane/60/2008 like virus

The quadrivalent vaccines contain the virus strains listed above, plus the additional B virus:

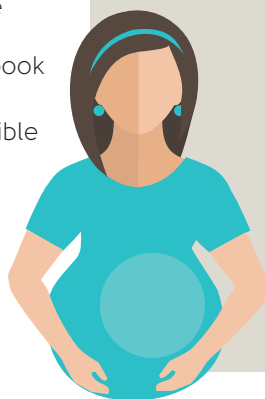
- B/Phuket/3073/2013 like virus.

# WHO SHOULD BE VACCINATED?

The ISG strongly supports annual vaccination of all those at risk of complications from influenza, and of anyone over 6 months of age wishing to avoid infection, as recommended in the Australian Immunisation Handbook 10th Edition<sup>3</sup>.

Those at increased risk include (and who may be eligible for free vaccine under the NIP<sup>2</sup>) include:

- **Older adults**
- **Indigenous Australians** 6 months and over
- **Pregnant women**
- People aged 6 months and over with **medical conditions that can lead to complications from influenza** (such as severe asthma, lung or heart disease, chronic neurological disease, renal and metabolic disease, and impaired immunity).



**"VACCINATING PREGNANT WOMEN** against influenza gives a 3 for 1 benefit:

- protects the woman during pregnancy and in the early months of motherhood
- protects the young infant by trans-placental antibodies
- protects the young infant by antibodies in breast milk."

*ELIZABETH MCCARTHY, Senior Lecturer, Department of Obstetrics and Gynaecology, University of Melbourne, Perinatal Centre, Mercy Hospital for Women*

## Influenza and heart attacks



"New research suggests that the flu shot seems to almost **HALVE THE RISK OF HEART ATTACKS** in middle-aged people with narrowed arteries. The study adds to evidence that influenza vaccine could be protective against heart attacks and cardiovascular disease, which is the leading cause of death globally and in Australia."

*PROFESSOR RAINA MACINTYRE, Head of the School of Public Health and Community Medicine, Faculty of Medicine at the University of New South Wales and Professor of Infectious Diseases Epidemiology*

**Other conditions** that might put people at a high risk of influenza complications include:

- **Obesity**
- **Tobacco smoking**
- **Stroke**
- **Down syndrome**

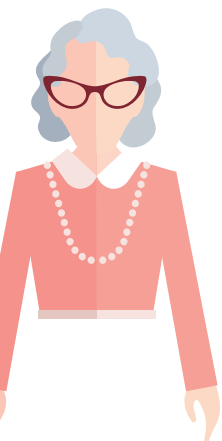


## Protecting those around you

Vaccination should also be a consideration for family and friends of people at high risk of complications, such as elderly parents or grandparents, pregnant spouse, or chronically sick family members. Likewise, people who work in the health industry, particularly where there is contact with vulnerable patients should consider vaccination.

<sup>2</sup> Details of the current seasonal influenza vaccination program are available on the Immunise Australia website: [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips)

<sup>3</sup> Australian Immunisation Handbook 10th Edition: [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home).



## Influenza and children

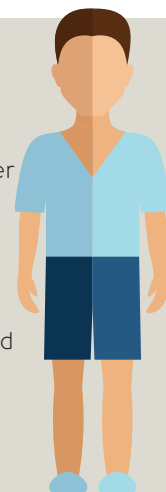
Children with underlying medical conditions are at particular risk of severe complications from influenza, and may be entitled to free vaccine under the NIP<sup>2</sup>.

Two quadrivalent vaccines are registered for use in children in 2016:

- FluQuadri Junior® (Sanofi Pasteur)
- FluarixTetra® (GlaxoSmithKline) for children aged three and over

Trivalent vaccines for children are not covered by the NIP, but are available in 2016:

- Influvac® (BGP Products) is approved by the Therapeutics Goods Administration (TGA) for children aged 6 months and older.
- Fluvax® (Seqirus) is not approved by TGA for use in children under 5 years of age and **MUST NOT BE GIVEN TO THIS GROUP**. The Australian Department of Health specifies that 'use of Seqirus Fluvax® in children aged five to nine years should only be considered after careful review of the potential benefits and risks'<sup>3</sup>.



## Reporting reactions

Patients should be encouraged to report any significant untoward reactions to the pharmacy where they received the vaccination, who can then forward these, together with vaccine brand and batch number that they have recorded, according to the AEFI (Adverse Events Following Immunisation) program ([immunise.health.gov.au/internet/immunise/publishing.nsf/Content/aefi.htm](http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/aefi.htm)).



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The Influenza Specialist Group (ISG) is a professional not-for-profit advocacy group and Australia's leading expert body on influenza. The ISG works with key Australian professional and consumer groups, and with Australian Federal, State and Territory departments of Health and their educational program leaders to create awareness for influenza, its prevention and treatment.

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