Influenza Vaccine Q&A

Health Care Provider Resource

Health care providers play an influential role in vaccine acceptance. This professional resource may assist in providing clear, evidence-based information when answering patients'/clients' questions about the flu vaccine.

1. **Why should I get the influenza (flu) vaccine? I never get sick.**
   Message for client: Anyone can get sick with the flu and the vaccine gives you the best protection. One can spread the disease to others, even when they have no symptoms, therefore getting immunized protects you and the people around you. If you are protected you cannot pass the flu virus to others

   More information for the provider: Vaccination is the most effective way to prevent influenza and its complications. Vaccinated individuals who are protected from influenza will not pass infection to others. Although most people will recover fully from influenza infection in 7–10 days, influenza can lead to severe complications; in the 2019-2020 season there were 36 ICU admissions and 15 deaths due to influenza in Saskatchewan.

2. **Can I get sick with the flu from the vaccine?**
   Message for client: No. The flu vaccine contains killed viruses that cannot cause disease.

   More information for the provider: The publicly funded flu vaccines used in Saskatchewan are all injectable, inactivated vaccine.

3. **I got the flu vaccine in the past but I still got sick. Why?**
   Message for client: Your sickness could have been caused by other types of viruses that have similar flu-like symptoms that the flu vaccine does not protect against. These includes common cold and respiratory syncytial virus (RSV). Also, the flu vaccine does not protect against the "stomach flu" that causes nausea, vomiting and/or diarrhea.

   More information for the provider: The expected, common side effects from the flu vaccine can be similar to flu-like symptoms such as mild fever and muscle aches. Vaccine side effects typically start within 24 hours and can last a few days. It is important to educate clients on the potential side effects of the vaccine prior to administration.

4. **Will the flu vaccine weaken my immune system?**
   Message for client: No. The vaccine tells your immune system to make antibodies that will fight flu viruses and protect you if you are exposed to the flu virus.

   More information for the provider: Individuals are exposed to thousands of antigens everyday within their normal environments. The number of antigens within the flu vaccine is significantly lower therefore, vaccines cannot overwhelm an individual's immune system.

5. **If I got the flu vaccine last year, do I need it again this year?**
   Message for client: Yes. The flu vaccine often changes from one year to the next depending on the types (strains) of the virus health experts think will cause the flu during that season. Also, your protection from the vaccine may decrease by the time the next flu season starts. Getting immunized every year will give you the best protection.

   More information for the provider: Each year the specific strains in the flu vaccine are reviewed by the World Health Organization and are often changed in an effort to match the vaccine against the viruses expected to circulate in the upcoming flu season. In addition, annual vaccination is recommended since the immune response to influenza immunization may be short-lived and protection may not persist beyond a year.

6. **How long does it take for the flu vaccine to start working?**
   Message for client: It takes about two weeks to get protection. It is important to get the vaccine early in the flu season (starting near the end of October) to give you the best chance of being protected before you come in contact with the flu virus.

   More information for the provider: Client factors that impact the antibody response include age, previous exposure to antigens, and the presence of an immunocompromising condition. Although two weeks is the general timeline at which protection is achieved, there may be some protection before then.

7. **Is there mercury (thimerosal) in the flu vaccine?**
   Message for client: Only multi-dose vials of flu vaccine contain thimerosal, which is used to prevent germs from growing in the vaccine. Thimerosal contains ethylmercury, which is not toxic to humans because it quickly leaves the body and does not build up over time. Getting a thimerosal-containing vaccine is safe.

   Ethylmercury is not the same type of mercury that is found in the environment (ex. in some types of fish)—that type is called methylmercury and is toxic to humans. Methylmercury has never been used in vaccines.

   More information for the provider: Thimerosal is a preservative that is currently only in multi-dose influenza vaccines in Canada. It is made of thiosalicylic acid and mercury. The mercury contained in thimerosal is an organic form called ethylmercury. Many well conducted studies have shown that ethylmercury, at the levels contained in vaccines, is easily eliminated from the body and does not cause neurological problems or other adverse events

8. **Why do children under nine years old need two doses the first year they receive the flu vaccine?**
   Message for client: Two doses are given at least four weeks apart to children in this age group so they get the best protection possible.

   More information for the provider: Encourage the first dose of flu immunization be received early in the flu season for clients who are eligible for two doses as optimal protection will occur two weeks after the second dose. Clients under nine years old who received at least one dose of influenza in a previous flu season only need one dose in following years.

9. Can I get the flu vaccine if I am pregnant?

Message for client: Yes. It is safe and recommended to receive the flu vaccine at any stage of pregnancy. Pregnancy puts you at a higher risk of serious illness and hospitalization due to the flu. The unborn baby also benefits from the immunization, including lower risk of being born premature.

More information for the provider: Pregnant women are included as a high risk group for severe illness due to the risk of influenza-associated morbidity and evidence of adverse neonatal outcomes associated with maternal illness or hospitalization due to influenza during pregnancy. The risk of influenza-related hospitalization increases with length of gestation (i.e., it is higher in the third trimester than in the second).

There is evidence that immunization during pregnancy provides protection to the newborn from influenza and influenza-related hospitalization. There is also evidence that infants born during influenza season to vaccinated women are less likely to be premature, small for gestational age, and of low birth weight compared to women that had not received a flu vaccine.

10. Can I receive the flu vaccine if I do not have a Saskatchewan health card?

Message for client: Yes, flu vaccine can be accessed at a public health influenza immunization clinic for individuals who do not have a Saskatchewan health card.

More information for the provider: All clients without a Saskatchewan health card who present to non-public health providers can be encouraged to attend a public health influenza immunization clinic to receive the flu vaccine at no cost. This includes individuals from outside of Saskatchewan or Canada.

11. Since the flu vaccine does not protect against COVID-19, should I still get it?

Message for client: Yes. Protecting yourself from the flu is one step to help you stay as healthy as possible in the event you get COVID-19. The flu can be a serious illness, especially for people who are living with chronic health conditions, such as respiratory disorders or diabetes. Also, children less than five years old have a higher risk of getting seriously ill from the flu, even when they are healthy, compared to COVID-19. In addition, the more people who are protected against the flu, the less pressure will be put on the healthcare system if a second wave of COVID-19 occurs.

More information for the provider: Many characteristics and environmental conditions that would put an individual at high risk for severe influenza illness, would also put them high risk for severe COVID-19. Due to this overlap, high risk individuals and people who live with or provide care to high risk individuals should be strongly encouraged to receive their annual influenza vaccine.

12. When will a COVID-19 vaccine be available in Canada?

Message for client: There is no definite date for when a COVID-19 vaccine will be available in Canada.

More information for the provider: The availability of a COVID-19 vaccine is dependent on the completion of clinical trials and Health Canada approval for use if the data indicates the vaccine is safe and effective. Although there are a number of vaccines in the final phase of clinical trials, there is the possibility that none are approved for use by Health Canada if they do not meet specific standards.

13. Who will be able to get the COVID-19 vaccine once it is available?

Message for client: National recommendations are being developed to help decide which high risk groups will initially be prioritized to receive the COVID-19 vaccine while the vaccine supply is slowly increased to the provinces and territories. As more supply is received, every eligible Canadian will be offered COVID-19 vaccine.

More information for the provider: It is anticipated that once a COVID-19 vaccine is available it will be delivered to Canada and distributed to provinces in multiple, small shipments, as experienced with the H1N1 influenza pandemic vaccine. The National Advisory Committee on Immunization will provide general recommendations on key populations to receive immunization, however specific guidelines for who will first receive COVID-19 immunization can only be made once a vaccine is approved and safety and effectiveness data is analyzed for specific target populations.

14. I am worried the COVID-19 vaccine is being developed too quickly. Will it be safe?

Message for the client: Although COVID-19 vaccines are being developed quickly, they still need to meet the same safety standards as other vaccines approved for use by Health Canada. Also, the established vaccine safety surveillance systems in place across Canada will be used to quickly detect safety concerns once a vaccine is approved and being used.

More information for the provider: The rapid development of a COVID-19 vaccine reflects the implementation of more resources (e.g. funding and staffing to run clinical trials) and does not reflect a change in vaccine safety regulations in Canada. Health Canada will closely evaluate the safety and efficacy data from the clinical trials before granting approval for use. Post-marketing surveillance of the COVID-19 vaccine will be a focus for Public Health. In Saskatchewan, passive surveillance is the main method used which requires clients to report adverse events following immunization (AEFI) to their healthcare provider and for the healthcare provider to submit a report to the Ministry of Health. More information on reporting AEFIs can be found in the *Saskatchewan Immunization Manual*, Chapter 11.

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