



Note: You Must Remain in the clinic area 15 minutes after the needle is given

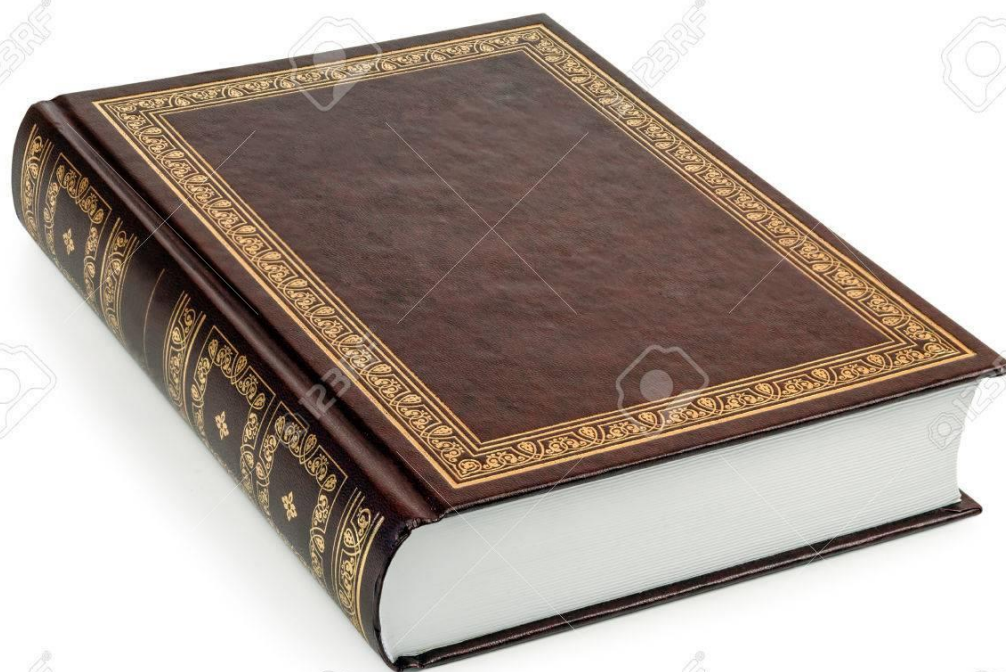
15 minutes..... Could Save Your Life!



15 minutes.....

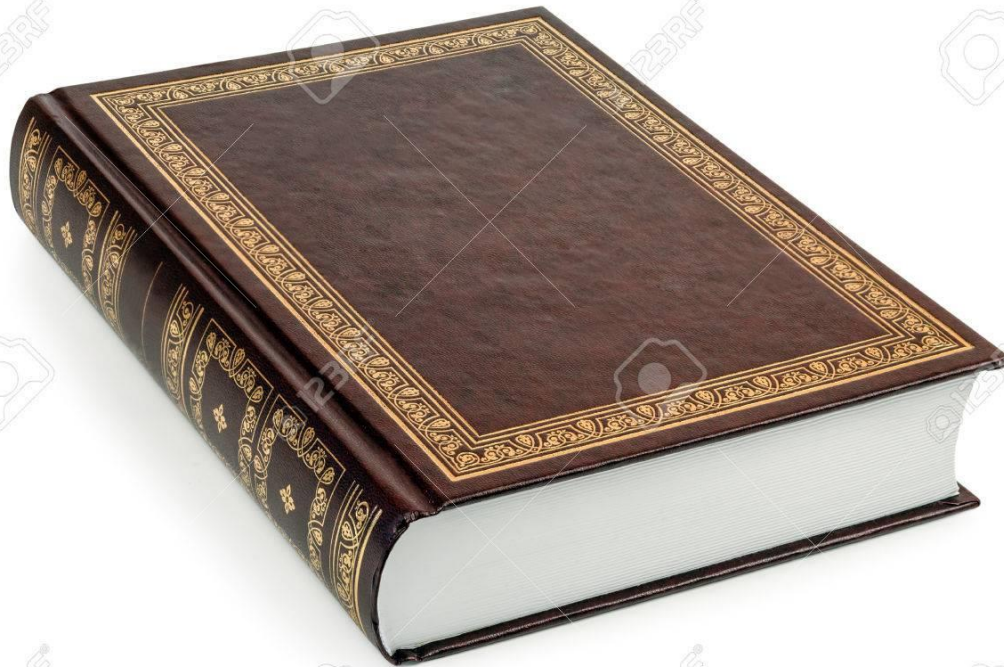
Could Save Your Life!

Let me tell you a Story.....

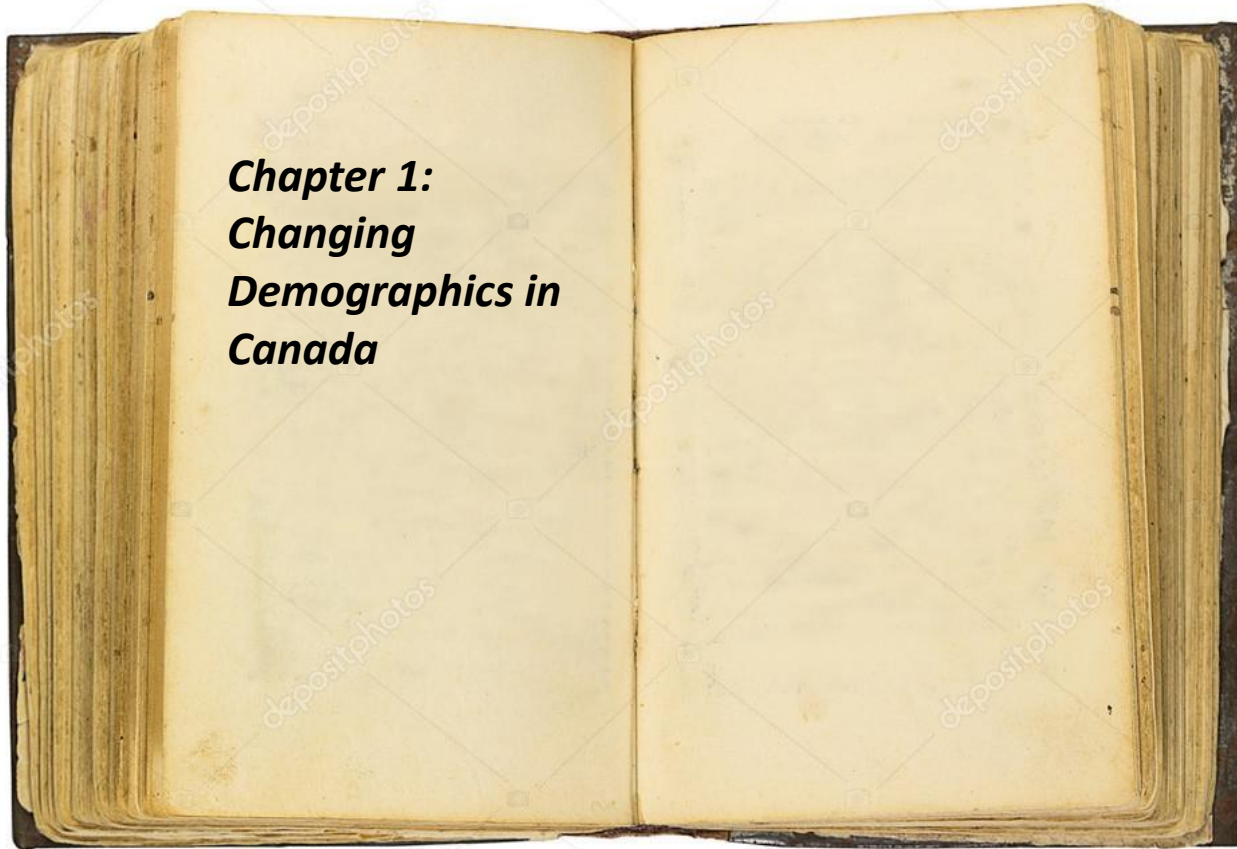


Let me tell you a Story.....

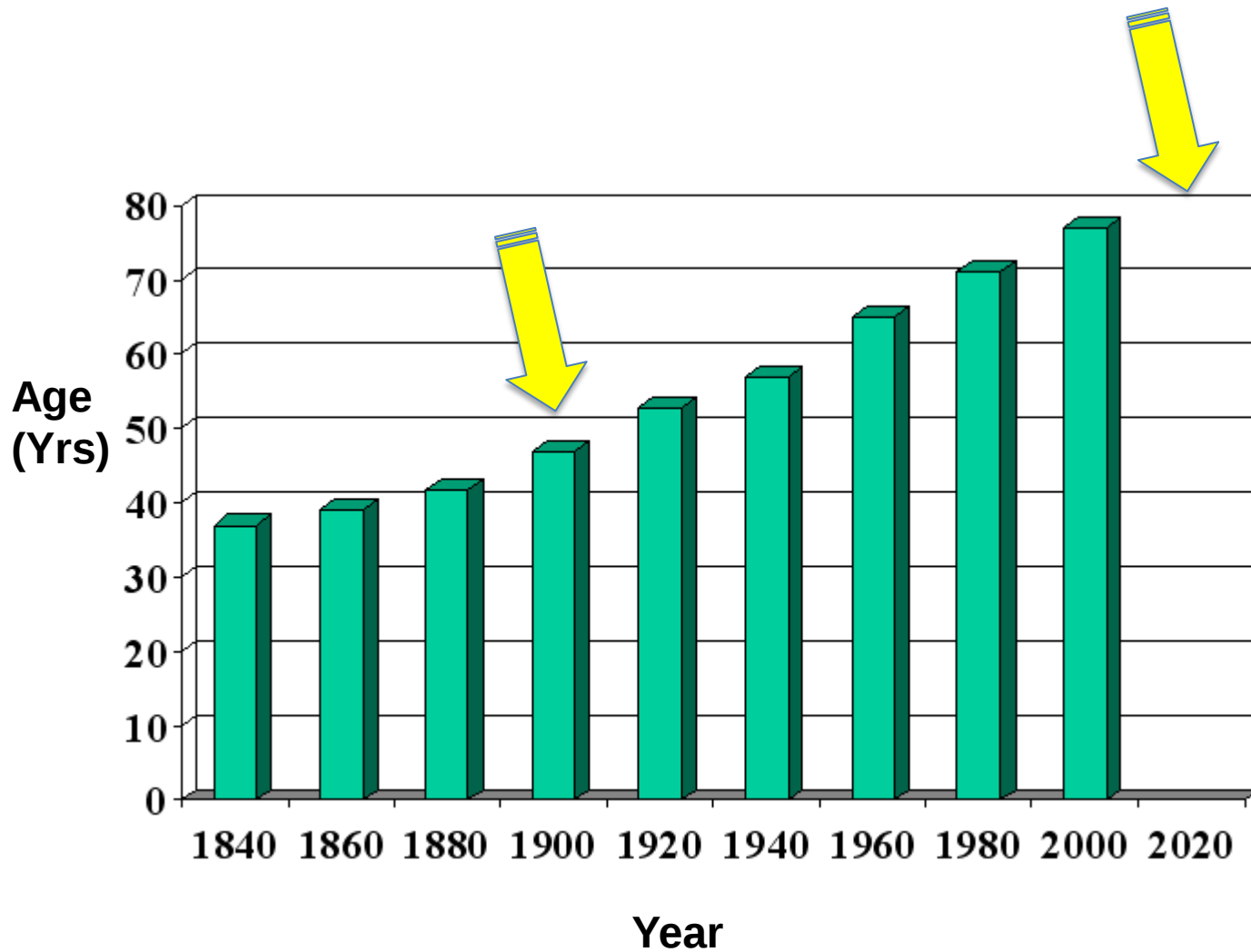
Please Kindly **Save** Your **Questions** for the **End** of the Presentation – There will be plenty of time for Q and A.... 😊



Let us Begin.....



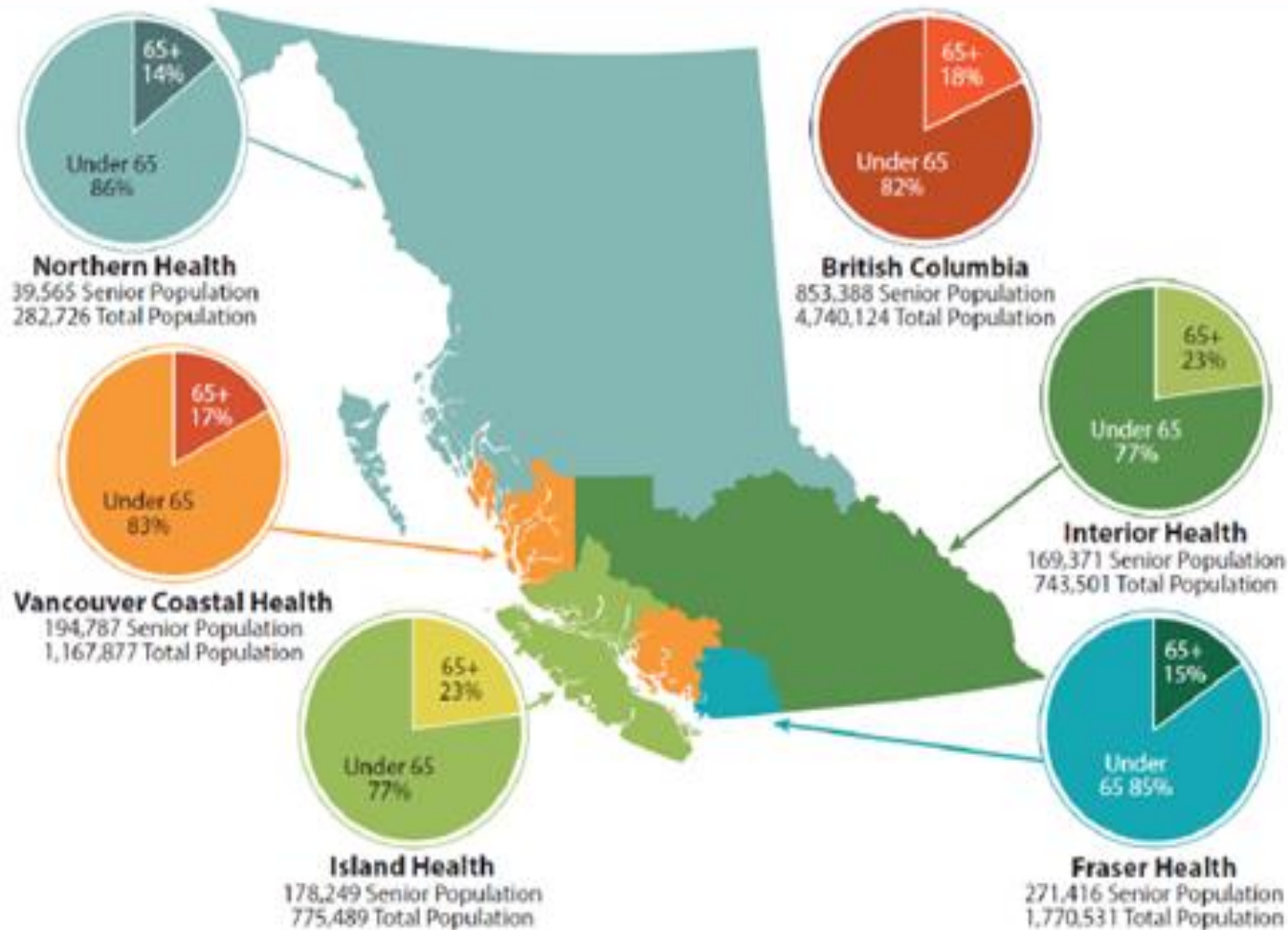
Life Expectancy at Birth (US)



Add “Life to Years”

“For the first time in human history, **the world will soon have more older people than children.** The human race is ageing and we are unprepared. Unless we change the way we think and act about ageing, we will miss the opportunity to age in good health and to build a society where **older people are respected and valued members of society.**”

B.C. Seniors Population



BC Seniors Guide – 11th Edition Published 2016

<http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/about-seniorshc/seniors-related-initiatives/bc-seniors-guide>

Aging Population

Canada's aging population

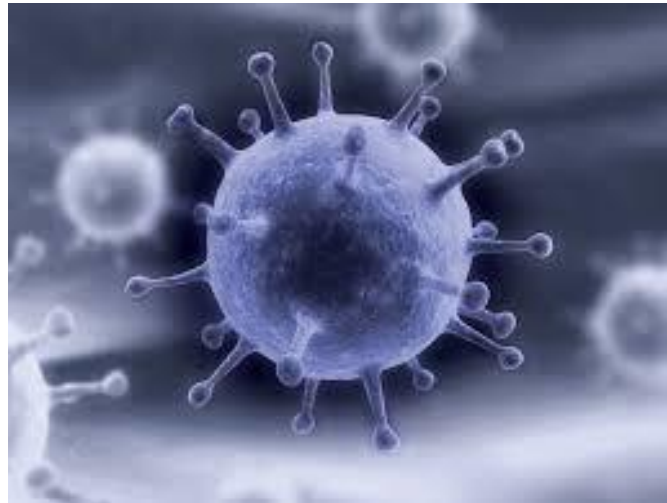
The number of individuals 65 years of age and older is projected to double in the next 20 years from...



According to Statistics Canada...



Along Comes a Virus....



Chapter 2:
Influenza: Burden
of Disease

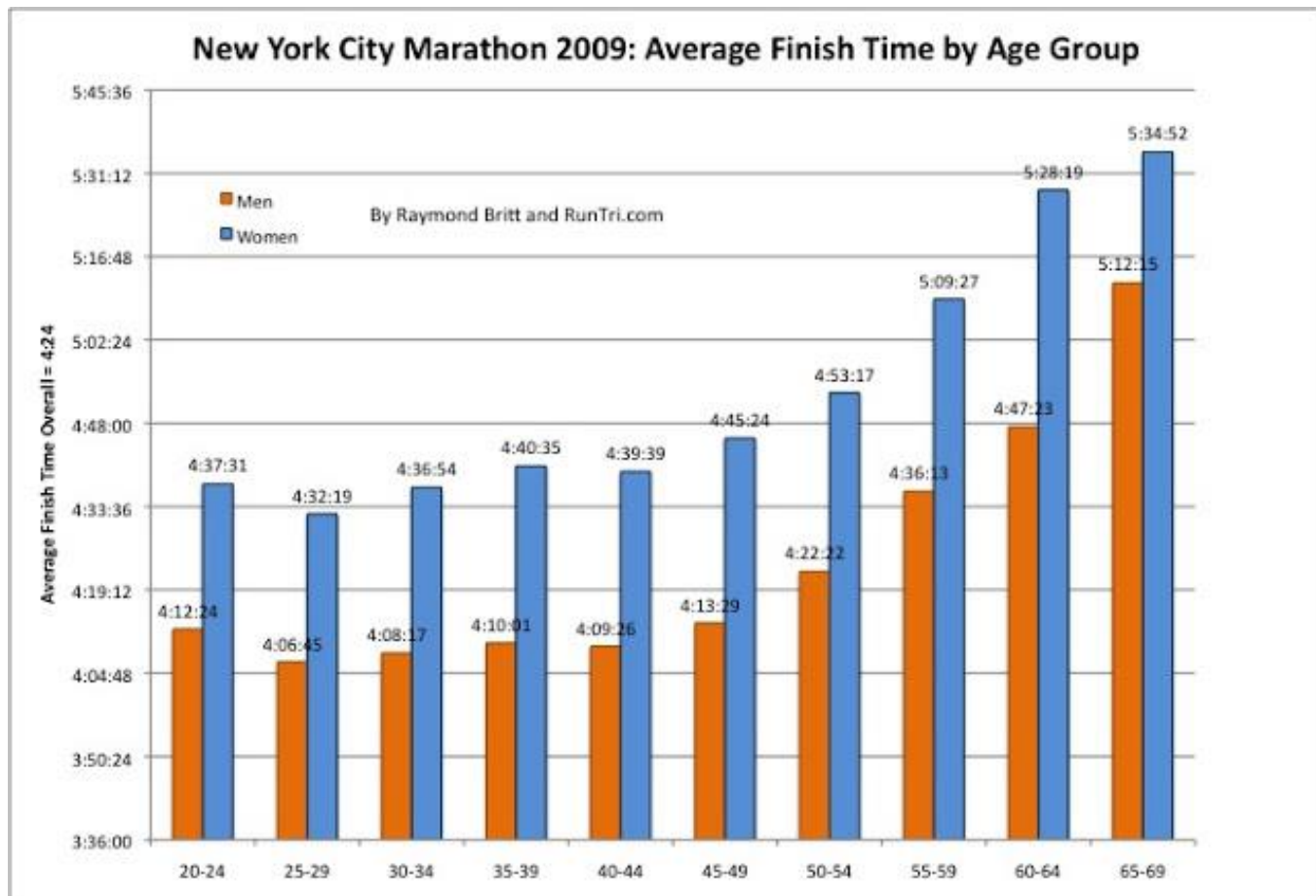
- 70% of influenza-related hospitalizations AND
- >90% of influenza-related death²



Immunosenescence

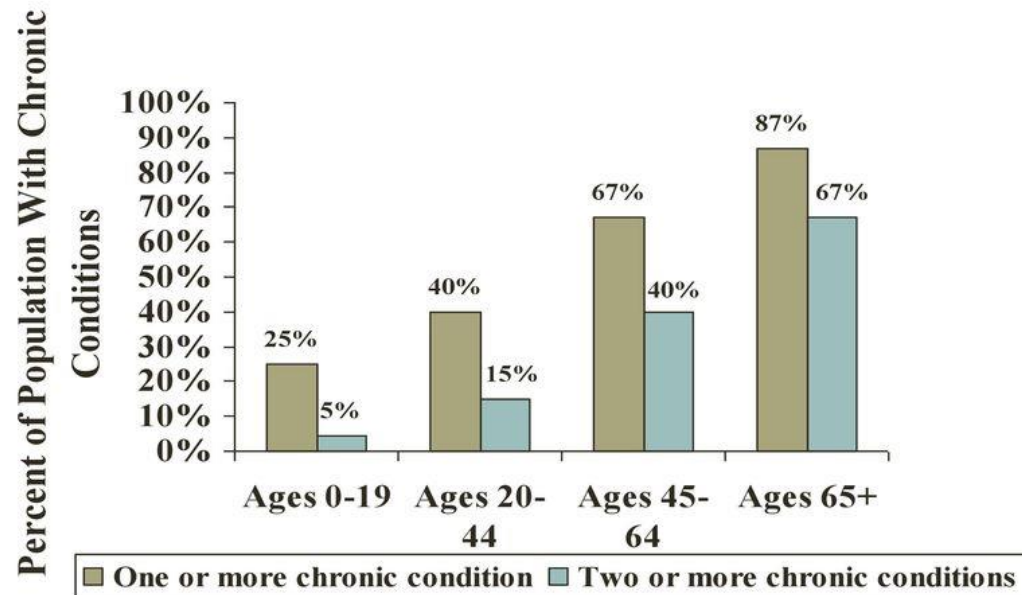


New York City Marathon Times



of Medical Conditions increase with age

Increasing chronic diseases with aging



(25)

Did You Know.....

For adults aged 65 years and over, the risk for influenza-attributed death was¹:



5x

Greater among those with chronic heart diseases



12x

Greater among those with chronic lung diseases



20x

Greater among those with both chronic heart and lung conditions

1. An Advisory Committee Statement (ACS)/National Advisory Committee on Immunization (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2016–2017.

2. Schanzer DL, et al. Co-morbidities associated with influenza-attributed mortality, 1994–2000, Canada. Vaccine. 26 (2008) 4697–4703.

Flu infection may raise risk of heart attack, particularly in first 7 days



Study confirms importance of flu vaccination for people at risk of heart disease.

Researchers looked at nearly 20,000 Ontario adult cases of lab-confirmed influenza (2009-2014) and then identified 332 patients who were hospitalized for a heart attack within one year of flu diagnosis.



For this population, the risk of heart attack was **6 times higher** within the first week of a flu diagnosis.

Factors that may be associated with more risk:

- being age 65 and older
- infection with influenza B
- no previous heart attack

The researchers say that people at risk of heart disease should take care to prevent flu through measures including handwashing and vaccination, and should not delay medical evaluation for heart symptoms, particularly in the first week of an acute respiratory infection.

Kwong JC et al. *NEJM*. 2018.

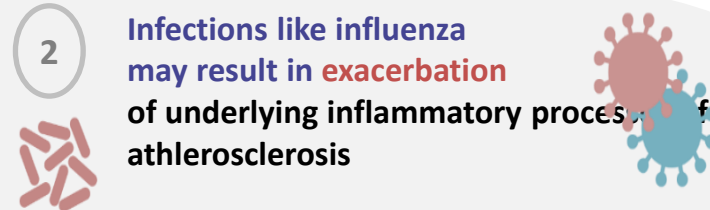
Institute for Clinical Evaluative Sciences

ices.on.ca

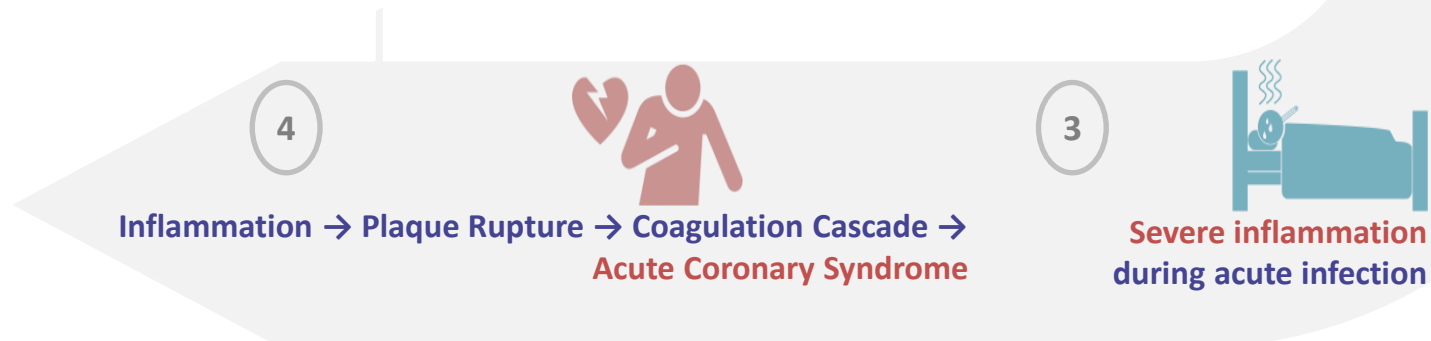
Public
Health
Ontario

Santé
publique
Ontario

Influenza → Inflammation → Potential AMI¹⁻⁵



“The influenza virus has extensive effects on inflammatory and coagulation pathways, which might lead to destabilization of vulnerable atherosclerotic plaques and thus coronary artery occlusion – the major cause of acute myocardial infarction (AMI)”³



References:

1. Madjid M. Eur Heart J. 2007;28 (10):1205-1210.
2. Ross R. Nature. 1993;362(6423): 801-809.
3. Warren-Gash C, et al. Lancet Infect Dis. 2009;9(10):601-610.
4. Harskamp RE, van Ginkel MW. Ann Med. 2008;40(2):121-128.
5. Phrommintikul A, et al. Eur Heart J. 2011;32(14):1730-1735.

Influenza and other infections decrease the functional status of seniors



Pneumonia and influenza is the third leading cause of catastrophic disability only behind stroke and congestive heart failure¹⁻⁴

- **15% of older adults hospitalized with influenza experience catastrophic disability***⁵

Influenza prevention is a priority and a pillar in helping to maintain health and active living

*Defined as a loss of independence in ≥ 3 basic Activities of Daily Living

References

1. Gonzalo PL, et al. The impact of influenza on functional decline. J Am Geriatr Soc. 2012 July ; 60(7): 1260–1267.
2. Ferrucci et al. JAMA 277:728, 1997.
3. Barker et al. Arch Int Med 158:645, 1998.
4. Falsey et al. N Engl J Med. 2005;352:1749
5. Andrews MK et al. Canadian Immunization Conference. December 7, 2016.

***Chapter 3: What
Vaccine is BEST
for ME?***

What is the most effective method of preventing flu??



Are all Influenza Vaccines Equal?



Influenza Vaccines in Canada

8 influenza vaccines are authorized for use in Canada

- **Inactivated influenza vaccines (TIV/QIV)**

- Influvac®, Fluviral®, Agriflu®, Flulaval® Tetra, Fluzone® Quadrivalent
- Trivalent or quadrivalent vaccines available
- Split virus and subunit vaccines available

- **Live attenuated influenza vaccine (LAIV)**

- FluMist® Quadrivalent
- Intranasal spray of live attenuated influenza virus mainly for pediatric use

- **High-dose inactivated influenza vaccine (HD-TIV)**

- FLUZONE® High-Dose
- TIV containing 4x the dose of regular influenza vaccines for adults aged 65+

- **Adjuvanted, inactivated influenza vaccine (ATIV)**

- FLUAD®/FLUAD Pediatric™
- TIV containing MF59 - an oil-in-water immunologic adjuvant

References:

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2017-2018. Public Health Agency of Canada

Influenza Vaccines in Canada

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- Split virus and subunit vaccines available

Free in BC for
Adults > 65

- **Live attenuated influenza vaccine (LAIV)**

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- Intranasal spray of live attenuated influenza virus mainly for pediatric use

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References:

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2017-2018. Public Health Agency of Canada

National Recommendations

2019/2020 Seasonal Influenza Vaccine

Recipient by Age Group	Vaccine Types Available for Use†	Comments
Adults 65+ years of age	TIVQIV ATIV High dose TIV	At the programmatic level, NACI recommends that any of the four influenza vaccines available for use in adults 65 years of age and older should be used: standard-dose TIV, high-dose TIV, MF59-adjuvanted TIV, and QIV. High-dose TIV is expected to provide superior protection and without data on the relative efficacy/effectiveness between high-dose TIV, MF59-adjuvanted TIV, and QIV, there is insufficient evidence to make a comparative recommendation on the use of these vaccines at the programmatic level (Grade I). At the individual level, NACI recommends that high-dose TIV should be offered over standard-dose TIV to persons 65 years of age and older. NACI concludes that, given the burden of disease associated with influenza A(H3N2) and the good evidence of better efficacy compared to standard-dose TIV in this age group, high-dose TIV should be offered over standard-dose TIV to persons 65 years of age and older (Grade A). There is insufficient evidence to make comparative recommendations on the use of MF59-adjuvanted TIV and QIV over standard-dose TIV.

At the *individual level* When available, **THE High dose (HD) influenza vaccine should be used over the Standard Dose (SD) influenza vaccine,** given the burden of influenza A(H3N2) disease and the good evidence of better efficacy compared to IV3-SD in this age group.

Influenza Vaccines in Canada

8 influenza vaccines are authorized for use in Canada

- **Inactivated influenza vaccines (TIV/QIV)**

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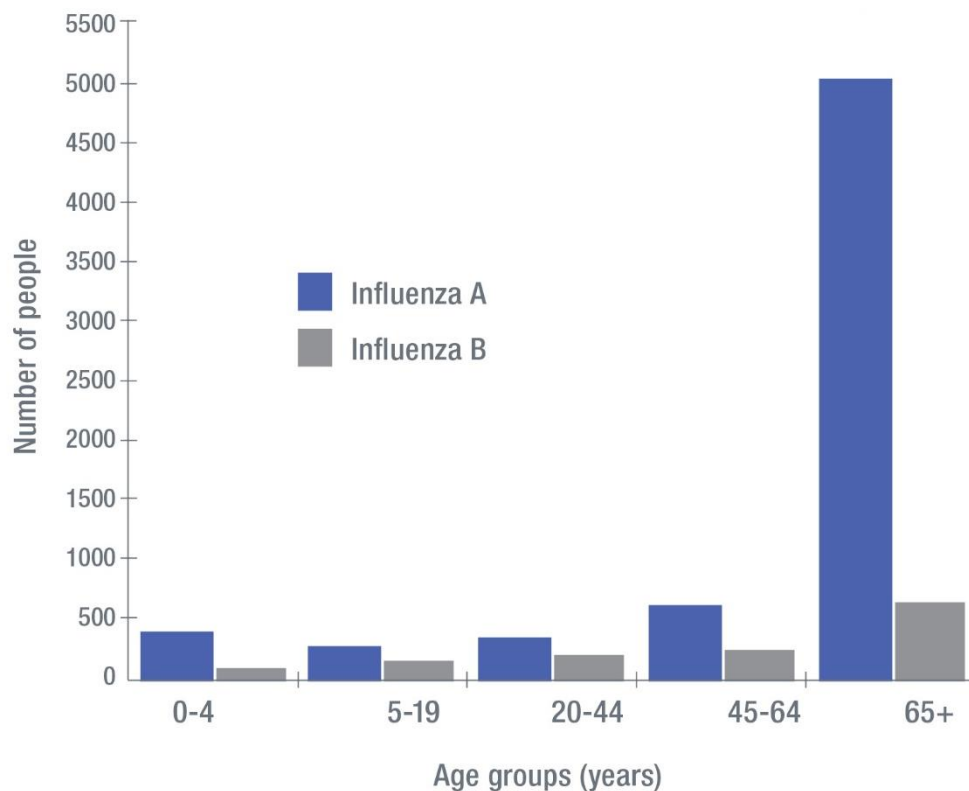
NACI
“preferred
option”

References:

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2017-2018. Public Health Agency of Canada

Figure 3: In 2014–2015, **hospitalizations** caused by influenza A and B were highest among adults over 65...¹

Cumulative number of hospitalizations with influenza reported by the participating provinces and territories, Canada, 2014–2015



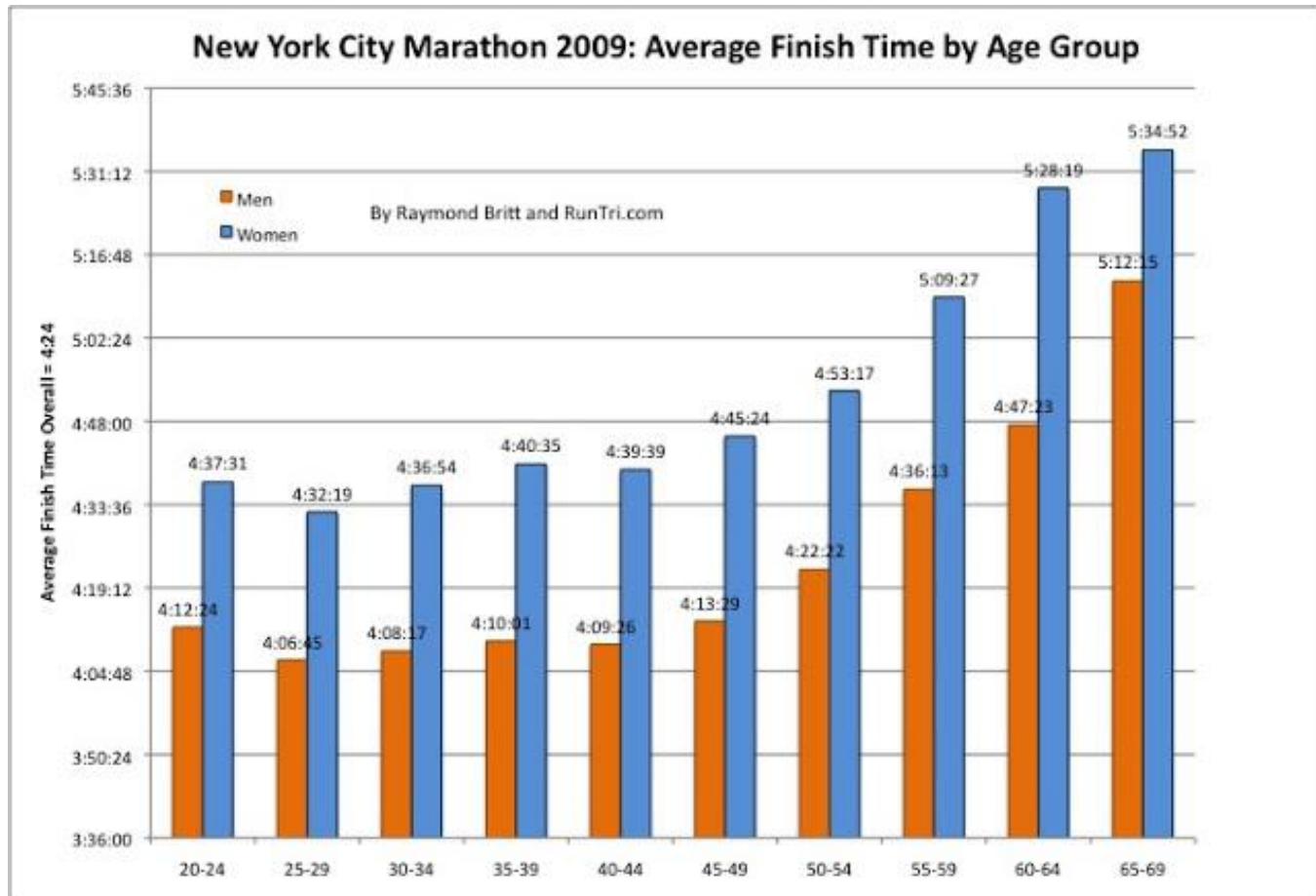
...but influenza A, especially H3N2, was by far the leading cause of hospitalization among seniors.

Reference:

1. Public Health Agency of Canada (PHAC). FluWatch. August 16 to August 29, 2015.

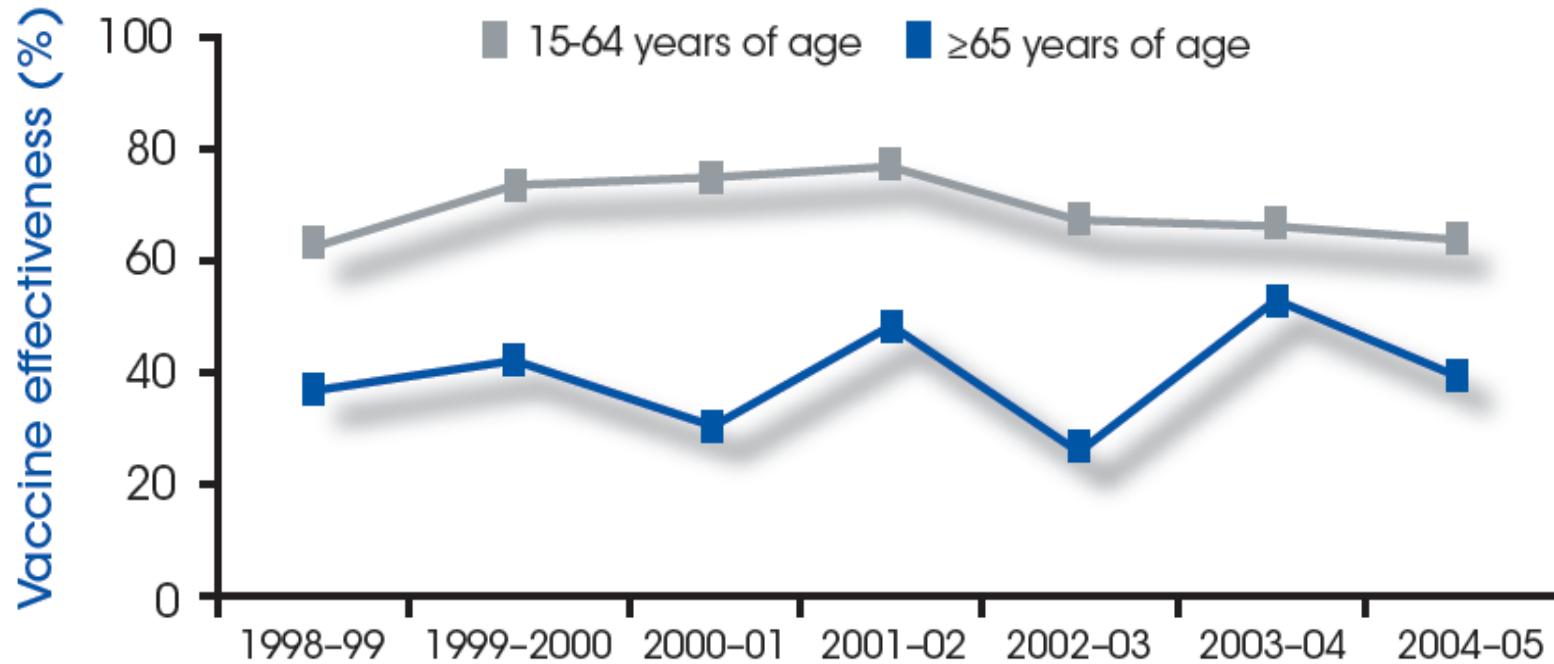
Adapted from Public Health Agency of Canada (PHAC). FluWatch 2014–2015.

New York City Marathon Times



Standard-Dose Influenza Vaccine

Effectiveness by Age¹



Adapted from Monto, 2009.

During the influenza seasons shown, the range of vaccine effectiveness was 62% to 76% in persons 15-64 years of age and 26% to 52% in those ≥65 years of age

Reference: 1. Monto AS, Ansaldi F, Aspinall R, et al. Influenza control in the 21st century: optimizing protection of older adults. *Vaccine*. 2009;27:5043-5053.

Summary of HD-TIV Efficacy & Effectiveness Publications

Author (Year)	Study Design	Study Location	Influenza Seasons	Study Population	Study Outcomes	Study Quality (D&B Score)
Randomized Studies ^a						
DiazGranados, 2013 (NCT00976027)	Phase IIIb, multi-center, double-blind, RCT	US	2009 – 10	Healthy adults ≥65 • HD: 6,117 • SD: 3,055	- Laboratory-confirmed influenza - Hospital admission for pneumonia	Good (24)
DiazGranados, 2014, 2015 (NCT01427309)	Phase IIIb–IV, multi-center, double-blind RCT	US and Canada	2011 – 12 2012 – 13	Healthy adults ≥65 • HD: 15,991 • SD: 15,998	- Laboratory-confirmed influenza - Influenza-related SAE	Good (24)
Gravenstein, 2017 (NCT01720277)	Pilot study for cluster RCT	US	2012 – 13	Residents ≥65 in NHs • HD: 1,461 • SD: 1,496	- All-cause hospitalizations - NH mortality - Functional decline	Good (23)
Gravenstein, 2017 (NCT01815268)	Single-blind, pragmatic, comparative effectiveness, cluster RCT	US	2013 – 14	Residents ≥65 in NHs • HD: 26,639 • SD: 26,369	- Hospital admissions related to pulmonary and influenza-like conditions - Hospital admission by any cause	Good (24)
Observational Studies						
Izurieta, 2015	Retrospective Cohort Study	US	2012 – 13	Medicare beneficiaries ≥65 • HD: 929,730 • SD: 1,615,545	- Probable influenza infection - Post-influenza hospitalization or ED visit	Good (19)
Shay, 2017	Retrospective Cohort Study	US	2012 – 13 2013 – 14	Medicare beneficiaries ≥65 • HD: 2,547,821 • SD: 3,560,591	- Post-influenza death - Post-influenza hospitalization or ED visits - Influenza-related physician visits	Good (20)
Richardson.	Retrospective Cohort			VHA adults ≥65	- Hospitalization for influenza or pneumonia	

***Chapter 4: What
Vaccine is FREE
for ME?***

Publicly-funded HD-TIV Programs in Canada (2018-19)



All adults 65+

- Ontario

Adults 65+ in long term care facilities

- Manitoba
- Northwest Territories
- Nova Scotia
- Prince Edward Island
- Saskatchewan

Publicly-funded HD-TIV Programs in Canada (2018-19)



All adults 65+

- Ontario

Adults 65+ in long term care facilities

- Manitoba
- Northwest Territories
- Nova Scotia
- Prince Edward Island
- Saskatchewan

BC has chosen not to cover the HD TIIV in the public program

- \$\$\$ - Can we optimize what we have
- Constant Flux of Novel influenza vaccines on the market – BC used to publically fund Fluad
- When it comes to prevention and immunization programs, BC lags behind

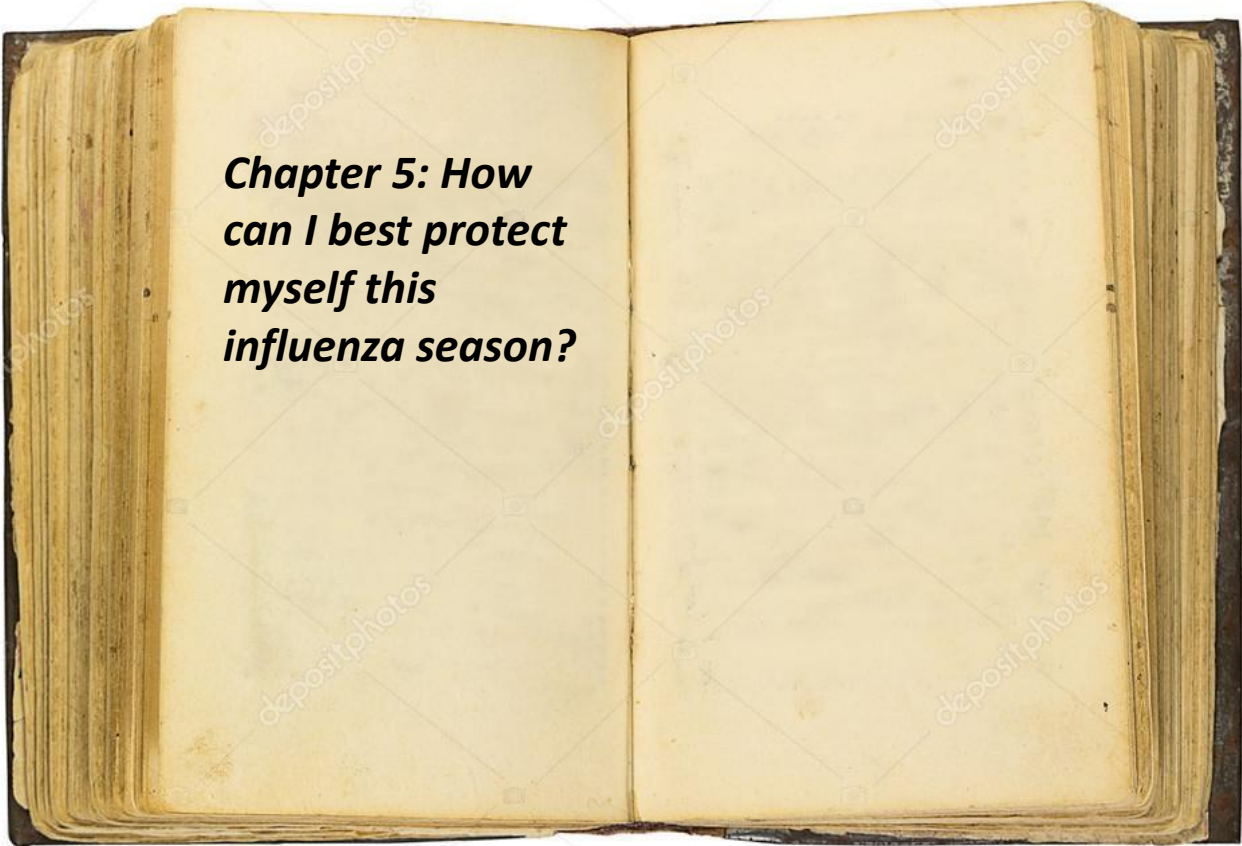
The information remains confusing...

- <https://www.theglobeandmail.com/canada/article-experts-say-high-dose-flu-vaccines-cost-outweighs-the-benefits/>
- Globe and Mail article – Oct 29th 2018
- “Only a small added benefit for seniors, compared to the substantially increased price,” Bonnie Henry, B.C.'s provincial health officer
- **About 200 seniors would have to be vaccinated with the high-dose shot to prevent one case of influenza, Dr. Henry wrote. About 4,000 seniors would have to be vaccinated with the new shot to prevent one flu-related hospitalization.**

Routine Immunization Schedule											
Age Group ↓ Vaccine ↓	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 Years of Age (Indicated Only)	Grade 6	Grade 9	Adult	65 Years and Over	High Risk Program *
Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#105)	✓	✓	✓								
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#15b)					✓						
Pneumococcal Conjugate (PCV 13) Vaccine (#62a)	✓	✓		✓							✓ *
Rotavirus Vaccine (#104)	✓	✓									
Hepatitis A Vaccine (#33) [a]			✓ Aboriginal children only		✓ Aboriginal children only						✓ *
Hepatitis B Vaccine (#25a) [b]							✓ If eligible		✓ If eligible		✓ *
Measles, Mumps, Rubella (MMR) Vaccine (#14a) [c]				✓					✓ If susceptible		
Meningococcal C Conjugate (Men-C) Vaccine (#23a) [d]	✓			✓					✓ If eligible		
Meningococcal Quadrivalent Vaccine (#23b)								✓			✓ *
Chickenpox (Varicella) Vaccine (#44b) [e]				✓			✓ If eligible		✓ If susceptible		
Measles, Mumps, Rubella and Varicella (MMRV) Vaccine (#14a) [e]						✓					
Human Papillomavirus (HPV) Vaccines (#101b) [f]							✓		✓ If eligible		✓ *
Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) Vaccine (#15a)						✓					
Tetanus, Diphtheria, Pertussis (Tdap) Vaccine (#15c) [g]								✓	✓ If eligible		
Tetanus and Diphtheria (Td) Vaccine (#15a) [h]									✓ Every 10 years	✓ Every 10 years	
Inactivated Influenza (Flu) Vaccine (#12d) [i]					✓						✓ *
Live Attenuated Influenza (Flu) Vaccine (#12a) [i] [j]				Annually for children 6 months to 4 years of age						Annually	Annually
Pneumococcal Polysaccharide Vaccine (#62b)										✓ 1 time only	✓ *

Routine Immunization Schedule											
Age Group ↓ Vaccine ↓	2 Months	4 Months	6 Months	12 Months	15 Months	Starting at 4 Years of Age (under 16 years)	Grade 6	Grade 9	Adult	65 Years and Over	High Risk Program *
Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae Type b (DTaP-Hb-IPV-Hib) Vaccine (#105)	✓	✓	✓								
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#15b)					✓						
Pneumococcal Conjugate (PCV 13) Vaccine (#62a)	✓	✓		✓							✓ *
Rotavirus Vaccine (#104)	✓	✓									
Hepatitis A Vaccine (#33) [a]			✓ Aboriginal children only		✓ Aboriginal children only						✓ *
Hepatitis B Vaccine (#25a) [b]							✓ If eligible		✓ If eligible		✓ *
Measles, Mumps, Rubella (MMR) Vaccine (#14a) [c]				✓					✓ If susceptible		
Meningococcal C Conjugate (Men-C) Vaccine (#23a) [d]	✓			✓					✓ If eligible		
Meningococcal Quadrivalent Vaccine (#23b)								✓			✓ *
Chickenpox (Varicella) Vaccine (#44b) [e]				✓			✓ If eligible		✓ If susceptible		
Measles, Mumps, Rubella and Varicella (MMRV) Vaccine (#14a) [e]						✓					
Human Papillomavirus (HPV) Vaccines (#101b) [f]							✓		✓ If eligible		✓ *
Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) Vaccine (#15a)						✓					
Tetanus, Diphtheria, Pertussis (Tdap) Vaccine (#15c) [g]								✓	✓ If eligible		
Tetanus and Diphtheria (Td) Vaccine (#15a) [h]									✓ Every 10 years	✓ Every 10 years	
Inactivated Influenza (Flu) Vaccine (#12d) [i]					✓						✓ *
Live Attenuated Influenza (Flu) Vaccine (#12a) [i] [j]				Annually for children 6 months to 4 years of age						Annually	Annually
Pneumococcal Polysaccharide Vaccine (#62b)										✓ 1 time only	✓ *

Routine Immunization Schedule											
Age Group ↓ Vaccine ↓	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 Years of Age (Indicated Only)	Grade 6	Grade 9	Adult	65 Years and Over	High Risk Program *
<u>Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae Type b (DTaP-Hb-IPV-Hib) Vaccine (#105)</u>	✓	✓	✓								
<u>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#15b)</u>					✓						
<u>Pneumococcal Conjugate (PCV 13) Vaccine (#62a)</u>	✓	✓		✓							✓ *
<u>Rotavirus Vaccine (#104)</u>	✓	✓									
<u>Hepatitis A Vaccine (#33) [a]</u>			✓ Aboriginal children only		✓ Aboriginal children only						✓ *
<u>Hepatitis B Vaccine (#25a) [b]</u>							✓ If eligible		✓ If eligible		✓ *
<u>Measles, Mumps, Rubella (MMR) Vaccine (#14a) [c]</u>				✓					✓ If susceptible		
<u>Meningococcal C Conjugate (Men-C) Vaccine (#23a) [d]</u>	✓			✓					✓ If eligible		
<u>Meningococcal Quadrivalent Vaccine (#23b)</u>								✓			✓ *
<u>Chickenpox (Varicella) Vaccine (#44b) [e]</u>				✓			✓ If eligible		✓ If susceptible		
<u>Measles, Mumps, Rubella and Varicella (MMRV) Vaccine (#14a) [e]</u>					✓						
<u>Human Papillomavirus (HPV) Vaccines (#101b) [f]</u>							✓		✓ If eligible		✓ *
<u>Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) Vaccine (#15a)</u>						✓					
<u>Tetanus, Diphtheria, Pertussis (Tdap) Vaccine (#15c) [g]</u>								✓	✓ If eligible		
<u>Tetanus and Diphtheria (Td) Vaccine (#15a) [h]</u>									✓ Every 10 years	✓ Every 10 years	
<u>Inactivated Influenza (Flu) Vaccine (#12d) [i]</u>				✓						✓	✓ *
<u>Live Attenuated Influenza (Flu) Vaccine (#12a) [i] [j]</u>			Annually for children 6 months to 4 years of age							Annually	Annually
<u>Pneumococcal Polysaccharide Vaccine (#62b)</u>										✓ 1 time only	✓ *



***Chapter 5: How
can I best protect
myself this
influenza season?***

BC seniors are faced with a choice....

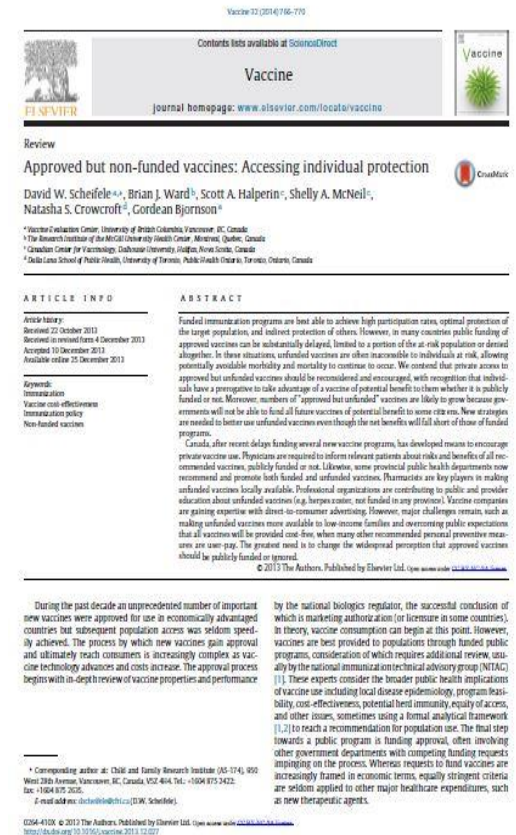
Publicly funded Standard Dose TIIIV

OR

Private pay High Dose TIIIV

Approved But Non Funded Vaccines

*“The greatest need is to change the widespread perception that vaccines should be **publicly funded or ignored**. The long-standing and total dominance of **population over individual considerations** for vaccines needs to end or the potential benefits of some vaccines will not be realized, to the detriment of those at risk. It is a form of **discrimination against vaccines** compared with (preventive) drugs that urgently needs to be corrected”¹*



Effect of influenza and influenza vaccination on cardiovascular events

Effectiveness in preventing heart attacks (AMIs):¹



Influenza Vaccines

15-45%



Smoking Cessation

32-43%



Blood Pressure Medication

17-25%



Cholesterol Medication

19-30%

References:

1. MacIntyre CR, et al. Heart. 2016; 102:1953-1956.



Note: You Must Remain in the clinic area 15 minutes after the needle is given

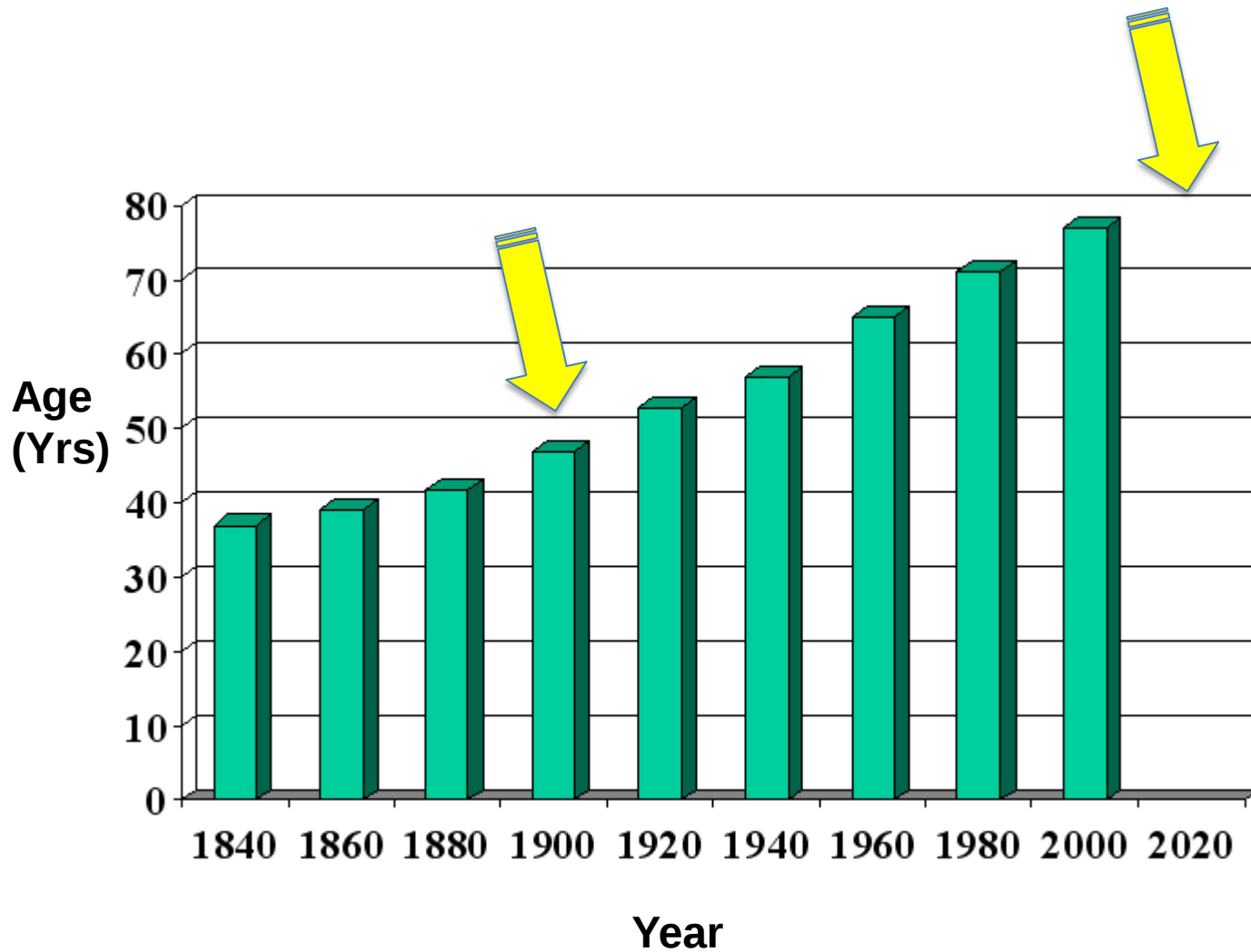
15 minutes..... Could Save Your Life!

Take home points

- 1. All Seniors (and their contacts! Should get a seasonal influenza vaccination)
- 2. Patients over the age of 65 – should consider the High Dose Vaccine for better protection
- 3. Advocacy – against vaccine hesitancy, and for better vaccinations for seniors

***Chapter 6: How
can I advocate
for better
healthcare for
seniors in this
province?***

Life Expectancy at Birth (US)



The Success of Vaccines in the 20th century

Disease	20 th Century Annual Morbidity	2013 Reported Cases	% Decreases
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Pertussis	200,752	28,639	86%
Tetanus	580	26	96%
Polio (paralytic)	16,316	1	>99%
Measles	530,217	187	>99%
Mumps	162,344	584	>99%
Rubella	47,745	9	>99%
Congenital Rubella Syndrome (CRS)	152	1	99%
<i>Haemophilus influenzae</i> (B)	20,000 (est.)	31 [§]	>99%

Centers for Disease Control and Prevention. The Pink Book: Course Textbook – 13th Edition (2015).
Appendix E: Impact of Vaccines in the 20th and 21st Centuries. Available at:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/E/impact.pdf>

Influenza: A Complex Burden

- Average per year in Canada¹:
 - 12,200 hospitalizations
 - 3,500 deaths
- Ng et al investigated 2934 adult admissions from Serious Outcomes Surveillance Network²:
 - Average cost per influenza case in Canada: \$14 612 CAD
 - Average cost per influenza case in Western Canada: \$20,808
 - higher rates of ICU admission and longer ICU stays
- Probability of receiving antivirals³:
 - Seasonal years: 29 to 79%
 - Pandemic years of 94.4%

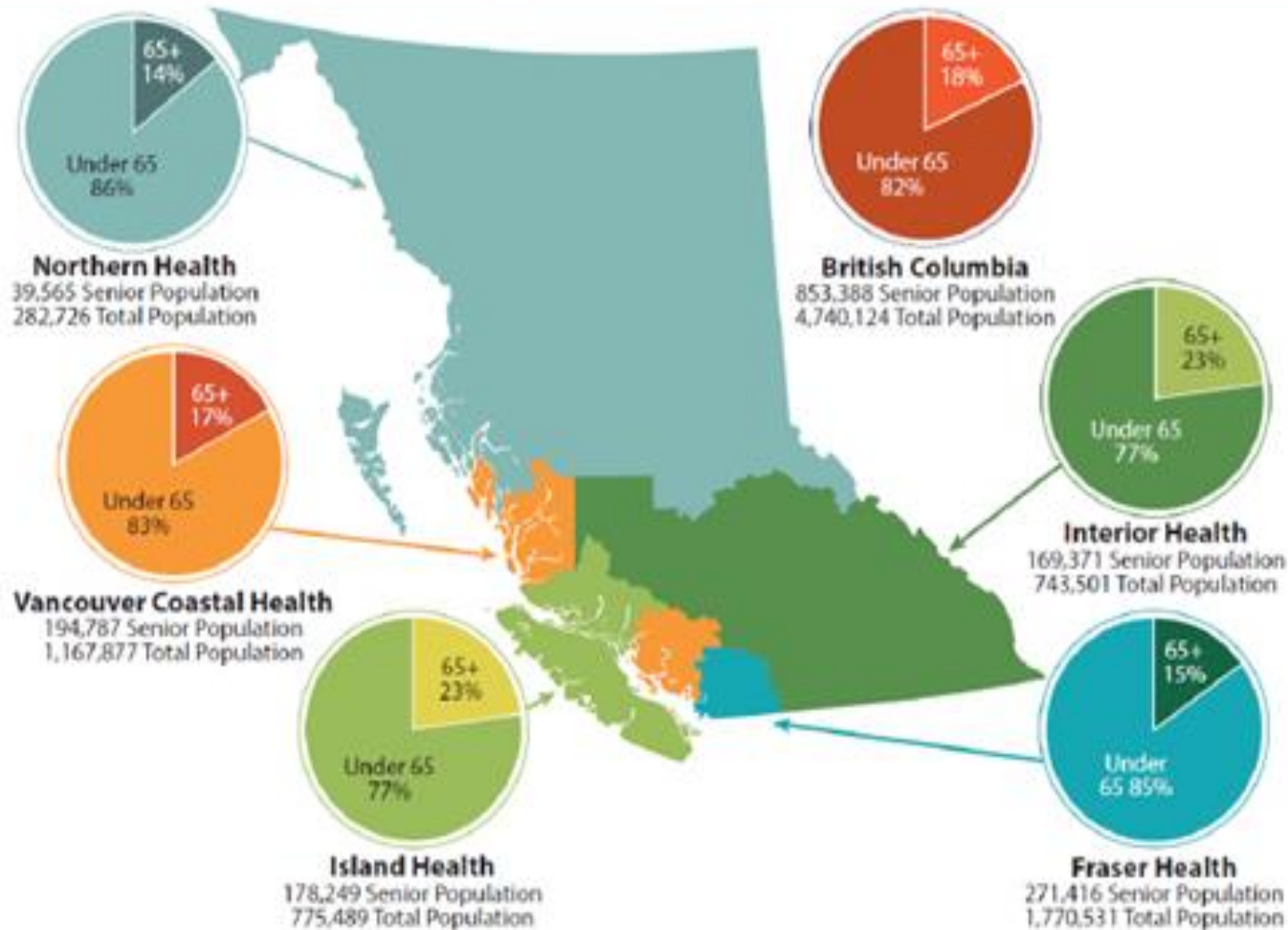


1. Public Health Agency of Canada. National Advisory Committee on Immunization [Internet]. Canada.ca. Innovation, Science and Economic Development Canada; 2018 [cited 2018 Dec 15]. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

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B.C. Seniors Population



BC Seniors Guide – 11th Edition Published 2016

<http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/about-seniorshc/seniors-related-initiatives/bc-seniors-guide>

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Do recoveries die, or are they killed?
Flesh-and-blood greengrocers take on Big Oil
Boss of the UN: worst job in the world
Win or lose, dark days for Cameron
How gangs suck El Salvador dry

When the drugs don't work

The rise of antibiotic resistance



The value of independence



Influenza and other infections decrease the functional status of seniors



Pneumonia and influenza is the third leading cause of catastrophic disability only behind stroke and congestive heart failure¹⁻⁴

- **15% of older adults hospitalized with influenza experience catastrophic disability***⁵

Influenza prevention is a priority and a pillar in helping to maintain health and active living

*Defined as a loss of independence in ≥ 3 basic Activities of Daily Living

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Routine Immunization Schedule											
Age Group ↓ Vaccine ↓	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 Years of Age (Indicated Only)	Grade 6	Grade 9	Adult	65 Years and Over	High Risk Program *
<u>Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae Type b (DTaP-Hb-IPV-Hib) Vaccine (#105)</u>	✓	✓	✓								
<u>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#15b)</u>					✓						
<u>Pneumococcal Conjugate (PCV 13) Vaccine (#62a)</u>	✓	✓		✓							✓ *
<u>Rotavirus Vaccine (#104)</u>	✓	✓									
<u>Hepatitis A Vaccine (#33) [a]</u>			✓ Aboriginal children only		✓ Aboriginal children only						✓ *
<u>Hepatitis B Vaccine (#25a) [b]</u>							✓ If eligible		✓ If eligible		✓ *
<u>Measles, Mumps, Rubella (MMR) Vaccine (#14a) [c]</u>				✓					✓ If susceptible		
<u>Meningococcal C Conjugate (Men-C) Vaccine (#23a) [d]</u>	✓			✓					✓ If eligible		
<u>Meningococcal Quadrivalent Vaccine (#23b)</u>								✓			✓ *
<u>Chickenpox (Varicella) Vaccine (#44b) [e]</u>				✓			✓ If eligible		✓ If susceptible		
<u>Measles, Mumps, Rubella and Varicella (MMRV) Vaccine (#14a) [e]</u>					✓						
<u>Human Papillomavirus (HPV) Vaccines (#101b) [f]</u>							✓		✓ If eligible		✓ *
<u>Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) Vaccine (#15a)</u>						✓					
<u>Tetanus, Diphtheria, Pertussis (Tdap) Vaccine (#15c) [g]</u>								✓	✓ If eligible		
<u>Tetanus and Diphtheria (Td) Vaccine (#15a) [h]</u>									✓ Every 10 years	✓ Every 10 years	
<u>Inactivated Influenza (Flu) Vaccine (#12d) [i]</u>				✓						✓	✓ *
<u>Live Attenuated Influenza (Flu) Vaccine (#12a) [i] [j]</u>			Annually for children 6 months to 4 years of age							Annually	Annually
<u>Pneumococcal Polysaccharide Vaccine (#62b)</u>										✓ 1 time only	✓ *

Advocacy Initiatives

- Tricities Planning Network
- CARP - “Stand Up Straight Initiative”
- PHABC 2018 - **“Recommended but unfunded vaccines” - Creating health equity amongst those vulnerable to vaccine preventable diseases**
- Influenza for Senior’s Steering Committee

Take to Social Media



TWITTER

11m ago

Liked by Anne Kang:

Looking frwd to sharing this info w seniors' care providers to give seniors options & keep them healthy. @jjhorgan @adriandix @AnneKangMLA @VCHhealthcare @Fraserhealth @Bibita8 @C...

Prevention is Everything!





Questions??????

Thank you!

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ajit@immunize.io