

11.0 Specialized and Annual Immunization Protocols (in alphabetic order)

- **Influenza**
 - Fluzone® Quadrivalent Vaccine (IM injectable)
 - Fluzone® Quadrivalent Fact Sheets
 - Fluzone® Quadrivalent Consents

Influenza Immunization Protocol for Fluzone[®] Quadrivalent

Purpose	Provide information and guidance for the Influenza Immunization Program in Nunavut.
Objective	To reduce morbidity and mortality secondary to Influenza infection.
Indication	Annual immunization against Influenza caused by the specific strains of the influenza virus contained in the vaccine.
Eligibility	Use for anyone age 6 months and older.
Product	FLUZONE [®] Quadrivalent
Vaccine Type	Quadrivalent Inactivated – split virus (for more information see references)
Vaccine components	Egg protein, Thimerosal, Triton [®] X-100 Formaldehyde, sodium phosphate, sucrose, isotonic sodium chloride solution
Formats available	5 mL vials holding 10 x 0.5 mL doses
Manufacturer	Sanofi Pasteur
Administration	Intramuscular (IM) in the anterolateral thigh (vastus lateralis) in infants < 1 year of age and in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults.
Dose Series	Intramuscular (IM) 0.5 mL (usually given into the deltoid)
Booster Dose	Children 6 months to less than 9 years who have never had influenza vaccine should receive 2 doses, a minimum of 4 weeks apart.
Vaccine interchangeability	N/A
Contraindications	<p>Less than 6 months old.</p> <p>Anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components, i.e. thimerosal.</p> <p>An apparent allergic reaction to the vaccine or any other symptoms (e.g. throat constriction, difficulty swallowing) that raise concern regarding the safety of re-immunization.</p> <p>Severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours prior of influenza vaccine.</p> <p>Oculorespiratory syndrome (ORS) with lower respiratory tract symptoms following prior flu vaccination, do not vaccinate without expert review. Those who experienced ORS (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) without lower respiratory symptoms may be safely re-immunized with influenza vaccine.</p> <p>Serious acute febrile illness. Those with mild non-serious febrile illness (e.g. mild upper respiratory tract infection) can be given influenza vaccine.</p> <p>Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccine.</p>
Precautions and Additional Notes	<p>The National Advisory Committee on Immunization (NACI) has concluded that egg allergic individuals may be vaccinated against influenza using Quadrivalent Influenza Vaccine (QIV) without a prior influenza vaccine skin test and with the full dose in any setting where vaccines are routinely administered.</p> <p>Vaccine is given annually to anyone age 6 months and older.</p>

	<p>May be given at the same time as other inactivated or live vaccines.</p> <p>Do not draw up vaccine until ready to use.</p> <p>After a vial is punctured it must be used within 28 days. Date all opened vials.</p> <p>NACI states that influenza vaccination is recommended for pregnant women.</p> <p>NACI states that influenza vaccination is considered safe for breastfeeding women.</p> <p>Take the opportunity to simultaneously immunize, unimmunized adults over 50 years old with pneumococcal polysaccharide vaccine (Pneumovax 23).</p>
Vaccine Supply and Distribution	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Drug Formulary.
Storage	<p>Store in monitored vaccine refrigerator between 2°C and 8°C.</p> <p>Protect from light.</p> <p>DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product following the cold chain protocol and inform RCDC and regional pharmacy.</p>
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	<p>Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.</p>
Side Effects	<p>Injection site: pain, redness at injection site.</p> <p>Systemic: fever, fatigue, headache and myalgia.</p>
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	<p>All immunizations given should be documented on the Fluzone Quadrivalent Consent Form and electronic record (where applicable).</p> <p>For children <9 years of age the 1st 2 doses of influenza vaccine should also be documented on the Nunavut Immunization Record.</p>
Materials and Resources	<p>All protocols and materials are available on the DH website (www.gov.nu.ca/health)</p> <p>Nunavut Communicable Disease and Surveillance Manual: Influenza Public Health Protocol</p> <p>Nunavut Immunization Manual</p> <p>Public Service Announcement: Preventing Influenza</p> <p>Public Service Announcement: Seasonal Influenza in your Community</p> <p>Fluzone Quadrivalent Fact Sheet</p> <p>Fluzone Quadrivalent Consent Form</p>
References	<ol style="list-style-type: none"> 1. FLUZONE® Quadrivalent. Product Monograph. Sanofi Pasteur. May 2018. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

3. Public Health Agency of Canada. An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI), Canadian Immunization Guide Chapter on Influenza and statement on Seasonal Influenza Vaccine for 2018-2019. May 2018. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2018-2019.html>

Fact Sheet

Fluzone[®] Quadrivalent Influenza Vaccine (QIV)

What is Influenza (flu)?

Influenza (flu) is a contagious disease caused by the influenza virus. It spreads through coughing, sneezing or nasal fluids.

Symptoms include: fever, cough, loss of appetite, muscle aches, sore throat and feeling very tired.

People usually get the flu between November and May, but flu season most often peaks in January or February.

Who can receive the vaccine?

Anyone over 6 months of age should be vaccinated against the flu.

Children younger than 9 years old, getting the vaccine for the first time, should get 2 doses, at least 4 weeks apart, to be protected.

What are benefits of the vaccine?

It protects Nunavummiut from getting sick with Influenza.

It protects the community and those most at risk of complications from influenza.

Influenza can lead to hospitalization and even death, especially for those at highest risk.

Is Fluzone[®] QIV safe?

Yes. The most common side effects are pain and redness at the injection site. Occasionally it can cause fever, tiredness, headache or sore muscles. This is a normal reaction to the vaccine and indicates that your body is making antibodies to the disease. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis*. Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine.** Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?

Tell your health care provider if you or your child has any of the following:

- Allergy to thimerosal, formaldehyde, Triton[®] X-100 or any ingredient of the vaccine.
- A previous serious reaction to any vaccine.
- Any condition that makes you bleed more.
- Guillain-Barre Syndrome (GBS – a severe paralytic illness) within 6 weeks of a previous flu vaccine.
- A serious illness with fever.

What is the risk of not getting the Influenza vaccine?

It is estimated that 4000 – 8000 Canadians die each year from Influenza. Many more become sick and need special care in the hospital. Protect yourself, your children and the community from this preventable disease.

Fluzone[®] Vaccine After Care

- To control fever and relieve soreness or muscle aches, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Kanqikhidjut

Fluzone® Quadrivalent Influenza-mik Kapukhirniq (QIV)

Hunauyuq Influenza (flu)?

Influenza (flu) hiammittaaqpiaktuq aanniarut aanniarutauvaktuq influenza-mit. Anniarut hiamentiqaatuq talvuuna qallakhungnikkut, takyungnikkut, kakkikkullu qingarnin.

Naunairutiit ilaqaqtun imailigaiguvit, kidjakkuvit, qalakhuruvit, niriunayungnaiqhutik, ullugiahuliklutiklu timingat, igiaqlikhutik, unaguhukhuliklutiklu.

Inuit annialaqivaktun uuminga Tarium Hikutirvia Qiqaiyarluarvia, kihimi flu-paktun Ubluqtuhivia uvanillu Idjirurvia.

Kitkun pittaqtun kapukhirmirniq?

Inuit kituliqaak inuuhiqaqtun avatquhimayunik 6 tatqihutiqaqtun kapuqhiraqaqtun fluulaitkutikhamik.

Nutaqqat nukakhiit nainik ukiuqaqtun, kapuqhiktut hivulliqpaamik, kapuqhiqtauyukhat malruiqtuqhutik, taima 4nik havainirniq avatqutkaaqlugu, munagiyaayarangat.

Hunauvat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutigivagait Nunavunmiutat aannialaitkutikhamingnik Influenza-mit

Ikayuutigivagait nunallaamiutat tahapkuallu aanniaqtaqtut ayuqhautikaglutiklu aanniarutimit.

Influenza aanniaruqaqtaqtuq ilaani aanniarvingmungaqtitvaktuq ilaillu aanniaqtut tuquvakhutik, tapkunungaluaq aanniaqtaqtunuanut.

Tamna Fluzone® QIV qayangnaitkaluaqqa?

Hii. Naunaitqiaq ayurnautikhangit imaatun itun uluriahungniq aupadjaligluni kapurhiviani. Ilani kidjarnaqtuq, unnaguhulikhunillu, nuaquqlikhuni, aannirnalaaqiplunillus. Una naunaitkutariवलुगुतुकु तिमि ikayuutikhaliuliktumik

(antibodies) ukununga aanniarutinit. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinit, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaqtun atiqaqtumik *anaphylaxis-mik*. Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuiritit pivaktut 15 minutes-ni kapukhiraangata. Munarhiqarvikmiittughayutit 15 minutes-ni kapukhiruvit humiklikaak. Anaphylaxis munariyauttaqtuq munaqhiqiyatit ayuqhahimayullu ikayuriamingni.

Kitkut uqaqtughavat munaqhimingnut kapukhiktinnatik?

Uqaqtuyakhaat munakhit nutaqqaat hapkuninga pihimakpat:

- Timimut nakuunngirutiqaqtunut havautinit thimerosal-nik, formaldehyde-nik, Triton® X-100-nik taimaituqaqqa kapuutingit havautimik.
- Kinguagullu nakuuhirutigikpiakhimayaqaqtuq kapukhirmirmit.
- Hunamitliqaak aunnagyualaqaivautigyatit.
- Guillain-Barre Syndrome -qarumik (GBS – inmikkut ingutalimaiqata) taima siksini havainirni kapukhirmirmit.
- Aanniarutiqaqqan kidjautiqaqhimayumik.

Hunauva ayurnautigiyangit kapukhingitkumi fluulaikutikhamik kapuutikhanik?

Nallauttaaqhimayut taimatut 4000 – 8000 Kanatamiutat tuquvaktut ukiuk tamaat Influenza-min. Amigaitqian aannialirangamik aanniarvingmungaqtitavakhutiklu ikayuqtikhaqarimur. Aanniaqtailidjutikharnik ilingnut, nutaqqatillu nunaqatitilu haffumanga aanniarunmit pittailitkhaqatut.

Fluzone® Kapuqhirmiq Munaridjutikhaq

- Kidjagyuarnaittumik uluriahukpiaknaittumiklu, ukununga havautituktaqtutit niaquqhiutit Acetaminophen (tylenol, tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit.
- Aspirin (ASA) **tuniyakhangittuq** inungnut kimutliqaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutiniknarungnaqhingmata uuminga Reye Syndrome, taima qillaminuaq hunngiutiniaqtun qaritarmun tuqulutikluuniit.
- Ayuqhautiqaruvit aanniarutinit ukunatut puvitpata qanniq/umilruk, uvinigiruvit qiqilirlutitluuniit munaqhiliaktukhauyutit aanniarvingmulluuniit qilamiuglutik. Apiqhutikhaqaruvit, ihumaalukkuvitluuniit ihuiritikhamut havautimik kapuutikkut, uqagvigilugu munaqhit.



Feuille de renseignements

Vaccin antigrippal Fluzone® Quadrivalent (VAQ)

Qu'est-ce que la grippe?

La grippe est une maladie contagieuse causée par le virus de la grippe qui se propage par la toux, les éternuements ou les sécrétions nasales.

Les symptômes sont les suivants : fièvre, toux, perte d'appétit, douleurs musculaires, mal de gorge et fatigue.

La grippe circule en tout temps de novembre à mai, mais atteint habituellement des pics en janvier et février.

Qui peut se faire vacciner?

Toute personne de 6 mois et plus devrait se faire vacciner contre la grippe.

Les enfants de moins de 9 ans qui reçoivent le vaccin pour la première fois ont besoin de 2 doses, à au moins 4 semaines d'intervalle, afin d'être protégés.

Quels sont les avantages du vaccin?

Il protège les Nunavummiut contre la grippe.

Il protège la collectivité et les personnes à risque de complications en raison de la grippe.

La grippe peut entraîner l'hospitalisation et même la mort pour les personnes les plus à risque.

Le vaccin antigrippal Fluzone® Quadrivalent est-il sécuritaire?

Oui. Une certaine douleur et la présence d'une rougeur au site de l'injection sont les effets secondaires les plus fréquents. Certaines personnes peuvent ressentir de la fatigue, des maux de tête ou des douleurs musculaires. Il s'agit d'une réaction normale au vaccin qui indique que votre corps développe des anticorps à la maladie. Beaucoup de gens ne ressentent aucun effet secondaire.

Il est très rare qu'une grave réaction allergique appelée *anaphylaxie* se produise. Voici les principaux symptômes d'anaphylaxie : urticaire, éruption cutanée, enflure de la bouche, difficultés respiratoires. Ce type de réactions se produit habituellement dans les 15 minutes suivant la vaccination. **Il est donc recommandé de rester à la clinique au moins 15 minutes après la vaccination.** L'anaphylaxie se traite et votre professionnel de la santé est formé pour la traiter.

Qui devrait consulter un professionnel de la santé avant de recevoir le vaccin antigrippal?

Veillez informer votre professionnel de la santé si vous présentez ou votre enfant présente l'une des conditions suivantes :

- Allergie au thimérosal, au formaldéhyde, au Triton® X-100 ou tout ingrédient du vaccin.
- Une réaction sérieuse antérieure à tout vaccin.
- Toute condition qui vous fait saigner davantage.
- Syndrome de Guillain-Barré (SGB – une maladie paralytique grave) dans les six semaines suivant l'administration d'un vaccin antérieur contre la grippe.
- Une maladie grave accompagnée de fièvre.

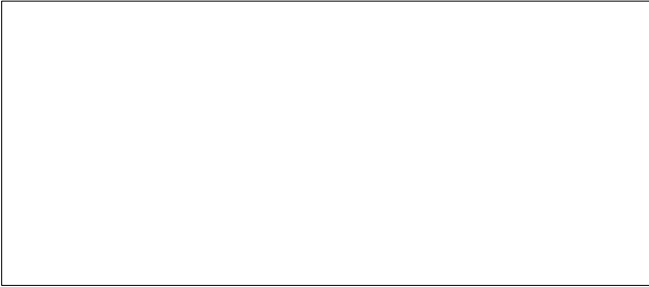
Quel est le risque de ne pas recevoir le vaccin antigrippal?

On estime que de 4 000 à 8 000 Canadiens meurent chaque année de la grippe. Plusieurs personnes atteintes ont besoin de soins spéciaux à l'hôpital. Protégez-vous, et protégez vos enfants et la collectivité contre cette maladie évitable.

Soins parfois requis après le vaccin antigrippal Fluzone® Quadrivalent

- Pour contrôler la fièvre et soulager un endolorissement ou des douleurs musculaires, vous pouvez prendre de l'acétaminophène (Tyféno, Temptra) ou de l'ibuprofène (Advil, Motrin). Dans le cas des enfants, veuillez donner la quantité recommandée par votre fournisseur de soins de santé ou sur la bouteille.
- Il ne faut **PAS** donner d'aspirine (ASA) à des personnes de moins de vingt ans en raison des risques de syndrome de Reye qui peut causer des lésions permanentes au cerveau et même la mort.
- Si vous éprouvez des effets secondaires graves comme l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, rendez-vous immédiatement à l'urgence ou au centre de santé de votre collectivité.
- Si vous avez des questions ou des préoccupations concernant une réaction au vaccin, veuillez en parler avec votre fournisseur de soins de santé.





Seasonal Influenza Vaccine Consent Form (FLUZONE® Quadrivalent (QIV) for IM injection)

For the person receiving the vaccine, please answer:

1	Are you sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you ever experienced any of the following after an influenza vaccine (please ✓ all that apply):	None <input type="checkbox"/>	
	Wheezing or chest tightness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Swelling of the mouth or throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Guillain-Barré Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Difficulty breathing or swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other severe reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(specify): _____		
3	Do you have bleeding problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you take blood thinners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you allergic to (please ✓ all that apply) :		
	Thimerosal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Formaldehyde	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Triton® X100	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you ✓ Yes to any above, please discuss with nurse.

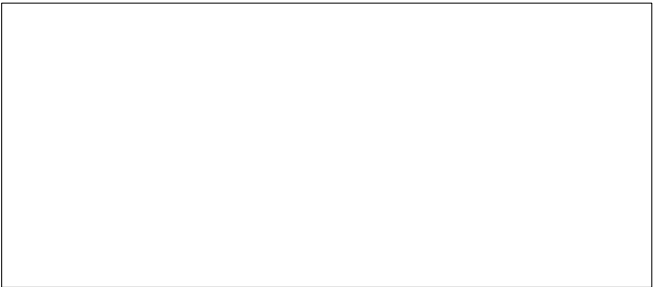
CONSENT FOR FLUZONE® Quadrivalent:

I have read or had the *FLUZONE® Quadrivalent Fact Sheet* explained to me. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I consent to FLUZONE® Quadrivalent being given to: My Child, My Ward or Myself

Print Name _____ Signature of Client or Parent/Legal Guardian _____ Date (dd/mm/yyyy) _____

Children greater than 6 months and less than 9 years old, who have never been immunized against influenza, require 2 doses, 4 weeks apart. Otherwise only one dose is required.

Ages > 6 months							
Dose	Date	Time	Dose	Route	Vaccine	Lot Number	Signature & Designation
1	___/___/___ <small>dd mm yyyy</small>		0.5 mL	IM	FLUZONE® QIV		
2	___/___/___ <small>dd mm yyyy</small>		0.5mL	IM	FLUZONE® QIV		



Formulaire d'autorisation pour l'administration du vaccin contre la grippe saisonnière (Quadrivalent FLUZONE® (QIV) pour injection IM)

S'adresse à la personne recevant le vaccin, veuillez répondre aux questions suivantes :

1	Are you sick today?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
	Avez-vous déjà ressenti les effets suivants à la suite de l'administration d'un vaccin contre la grippe ? (veuillez ✓ toute case pertinente) :	
	Aucun <input type="checkbox"/>	
2	Respiration sifflante ou serrement de poitrine <input type="checkbox"/> Oui <input type="checkbox"/> Non Enflure de la bouche ou de la gorge <input type="checkbox"/> Oui <input type="checkbox"/> Non Syndrome de Guillain-Barré <input type="checkbox"/> Oui <input type="checkbox"/> Non	Difficulté à respirer ou à avaler <input type="checkbox"/> Oui <input type="checkbox"/> Non Hospitalisation <input type="checkbox"/> Oui <input type="checkbox"/> Non Autre réaction sévère <input type="checkbox"/> Oui <input type="checkbox"/> Non (veuillez préciser): _____
3	Souffrez-vous de saignements ? Prenez-vous des médicaments pour éclaircir le sang ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Non
4	Êtes-vous allergique à ? (veuillez ✓ toute case pertinente) :	
	Thimérosal <input type="checkbox"/> Oui <input type="checkbox"/> Non Formaldéhyde <input type="checkbox"/> Oui <input type="checkbox"/> Non	Triton® X100 <input type="checkbox"/> Oui <input type="checkbox"/> Non

CONSENTEMENT POUR LE quadrivalent FLUZONE®:

J'ai lu ou quelqu'un m'a expliqué le contenu de la fiche d'information du quadrivalent FLUMIST®. J'ai eu l'occasion de poser des questions et les réponses se sont avérées satisfaisantes. Je comprends les avantages et les risques du vaccin. Je consens à ce que le quadrivalent FLUZONE® soit administré à :

mon enfant, la personne sous ma tutelle ou moi-même.

Si vous avez ✓ Oui à l'une ou l'autre des cases ci-devant, veuillez discuter avec l'infirmier/ère.

Nom en lettres moulées

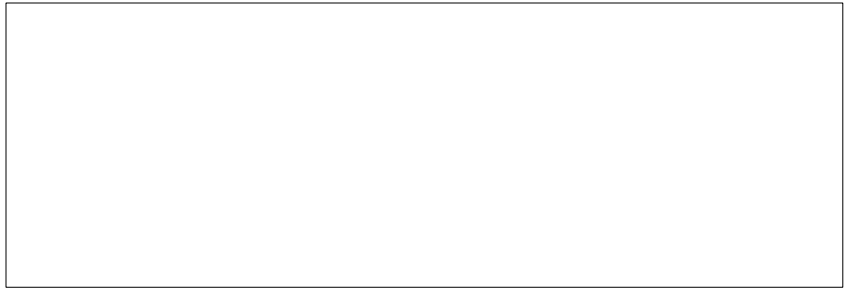
Signature du client, du parent ou tuteur

Date (jj/mm/aaaa)

Les enfants âgés entre 2 ans et de moins de 9 ans qui n'ont jamais été immunisés contre la grippe saisonnière doivent recevoir 2 doses à 4 semaines d'intervalles. Sinon, une seule dose est requise.

Âge > 6 mois

Dose	Date	Heure	Dose	Route	Vaccin	N° de lot	Signature & désignation
1	____/____/____ jj mm aaaa		0.5 ml	IM	FLUZONE® QIV		
2	____/____/____ jj mm aaaa		0.5ml	IM	FLUZONE® QIV		



Hilaa Allanguqtiligangat Kapuqhigiangat Angirutikhaq Titiraq (FLUZONE® Quadrivalent-mik (QIV) talvuuna IM-mik kapukhigiangat)

Tapkununga inungnun kapuqhiqnahuaqtun, kiulugit ukuat:

1	Anniaqtutin ublumi?	<input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
2	Imailivakpin inuhirni kapuqhiguigaangavit (naunaitkuhiqlugit ✓ kitut aulayut ilingnun):	Piqangituaq <input type="checkbox"/>
	Aniqnit tuhaanaqtuq qatigat hukatiqtuq <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Ayuqhaliqhunik aniqhaangiat ihigiyangattluuniit <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
	Puvipkakhuni Qanit igiatluuniit <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Aanniarvingmiitpakpin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
	Guillain-Barré Aanniarutiqaqqin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	Allamik ayungnautiqaqqin <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq (naunaiqlugit): _____
3	Auligaangavit ayungnautiqaqqin?	<input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
	Aukkut havautikharnik atuinaqtutin?	<input type="checkbox"/> Hii <input type="checkbox"/> Imanaq
4	Inuuhit ayungnautiqaqtuq ukuninga (naunaitkuhiqlugit ✓ kitut aulayut ilingnun):	
	Thimerosalnik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq Formaldehydenik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq Triton® X100nik <input type="checkbox"/> Hii <input type="checkbox"/> Imanaq	

Naunaiyaguvit ukuninga ✓ Hii-mik titiraqhimayut qullani, munarhit uqaqqatigilugit.

ANGIRUTIKHAQ FLUZONE® Quadrivalent-mik:

Taiguqtaga piqaqpaktungaluuniit FLUZONE® Quadrivalentmik Kangiqhidjutikhangit ilitugipkakhimayuq uvamnun. Apiqhuivaktunga taima apigiyatka kiutauvaktun ihuagiyamingnik. Ilihimayatka pidjutikhat ayungnautitlu kapukhiqnikkut. Angirutigiyaga FLUZONE® Quadrivalentmik tuniyaanga: Nuttaramnun, Havagvimnn unaluuniit Uvamnun

Titirattiaqlugu Atin Atiqtuivikhangit Kapuqhiqnahuaqtuq Angayuqaqluuniit/Munaqtiuyuqluuniit Ubluq (dd/mm/yyyy)

Nuttaqqat ukiuqaqtun 2nik ukiuqangitunikluuniit 9nik, kapuqhiqihimayut talvanga kapuutmik, kapukhiqtauyukhat, 4 havainimik qangiutugumik. Taimaittiaq atauhiinaqmik namaktugaluq.

Ukiuqaqtun > 6sinik tatqikihiutiaqtun							
Kapuhiqtuq	Ubluq	Ikaakniq	Kapuhiqtuq	Taimaitumik	Kapuutikhaq	Nayuqvia Nampa	Atiqtuivikhaq Kinalu Kapuqtuiyuq
1	____/____/____ dd mm yyyy		0.5 mL	IM	FLUZONE® QIV		
2	____/____/____ dd mm yyyy		0.5mL	IM	FLUZONE® QIV		

