



MH 34:85

15 May 09

Licenseses of Clinics

TRIVALENT INACTIVATED INFLUENZA VACCINATION

The Ministry has decided to provide seasonal flu vaccines, within its means, at no charge to clinics **for use, on a voluntary basis, on doctors and clinic assistants only**. Those who have been vaccinated from November 2008 need not be vaccinated again this time.

2 The vaccination would provide about 80% protection against the seasonal flu depending on the individual. However, there is insufficient evidence at present to suggest whether or not the seasonal flu vaccine confers any extent of protection against Influenza A (H1N1-2009).

3 Please refer to the factsheet in Annex A for general information on the vaccines. The information provided is not intended as medical advice and is not a substitute for specific professional assessment of staff before they receive the vaccination.

4 The vaccination will be provided at no charge by the Health Promotion Board (HPB) on the following dates:

Date:	23 May 09 (Sat)	24 May 09 (Sun)	
Time:	2.00pm - 5.00pm	9.00am - 1.00pm	2.00pm - 5.00pm
Venue:	Student Health Centre, Level 3, HPB		

5 Doctors and clinic assistants who wish to be vaccinated at HPB must register with MOH by submitting the Registration Form (Annex B) with all the required information to Dr Lee Wei Liang (DID: 6325 1677) via email: lee_wei_liang@moh.gov.sg or fax: 6325 1744 by **20 May 09 (Wed)**.

6 Doctors, and their clinic assistants, who are tenants of (or otherwise affiliated with) a private hospital may also approach the hospital for the vaccination.

7 After their details have been submitted, persons may proceed to HPB for their vaccination during the indicated session. **They must bring along their NRIC** to allow the verification of their identity. For doctors, please bring along the SMC Practising Certificate (blue card).

8 If you need any clarification, please contact Dr Lee Wei Liang.

Thank you.



DR ARTHUR CHERN
GROUP DIRECTOR
HEALTH REGULATION

FACTSHEET ON TRIVALENT INACTIVATED INFLUENZA VACCINATION

1.	Brands of vaccines in MOH's supply ¹	<table border="1" data-bbox="568 327 1083 461"> <thead> <tr> <th data-bbox="568 327 746 360">Vendor</th> <th data-bbox="746 327 1083 360">Name of Vaccine*</th> </tr> </thead> <tbody> <tr> <td data-bbox="568 360 746 394">Sanofi</td> <td data-bbox="746 360 1083 394">Vaxigrip</td> </tr> <tr> <td data-bbox="568 394 746 427">GSK</td> <td data-bbox="746 394 1083 427">Fluarix</td> </tr> <tr> <td data-bbox="568 427 746 461">Novartis</td> <td data-bbox="746 427 1083 461">Agrippal S1</td> </tr> </tbody> </table> <p data-bbox="568 495 1374 645">* All of the same composition:</p> <ul data-bbox="568 524 1374 645" style="list-style-type: none"> ▪ An A/Brisbane/59/2007 (H1N1)-like virus ▪ An A/Brisbane/10/2007 (H3N2)-like virus ▪ A B/Florida/4/2006-like virus 	Vendor	Name of Vaccine*	Sanofi	Vaxigrip	GSK	Fluarix	Novartis	Agrippal S1
Vendor	Name of Vaccine*									
Sanofi	Vaxigrip									
GSK	Fluarix									
Novartis	Agrippal S1									
2.	Route of administration	Single dose intramuscular injection (typically deltoid)								
3.	Effectiveness	<ul style="list-style-type: none"> ▪ Protection from influenza vaccine depends on the similarity of the vaccine strains to the circulating strains, and the age and health of the recipient. ▪ Healthy persons below the age of 65 years are more likely to have protection from the vaccination than are older, frail individuals. ▪ When the "match" between vaccine and circulating strains is close, TIV prevents influenza in about 70% - 90% of healthy persons below the age of 65 years. ▪ Among elderly persons living outside chronic-care facilities and those persons with chronic medical conditions, TIV is 30% - 70% effective in preventing hospitalization for pneumonia and influenza. ▪ Among elderly persons living in nursing home, TIV is 50% - 60% effective in preventing hospitalization or pneumonia and 80% effective in preventing death from influenza. 								
4.	Side effects	<ul style="list-style-type: none"> ▪ 15% – 20%: Soreness, redness, bruising, swelling, induration at the injection site for 1 to 2 days ▪ < 1%: Fever, chills, fatigue, headache, myalgia, arthralgia for 1 to 2 days² ▪ Very rare: serious allergic reactions; neurological disorders such as Guillain-Barré Syndrome, neuritis, encephalomyelitis; vasculitis 								
5.	Protective immunity	<ul style="list-style-type: none"> ▪ Develops 1 to 3 weeks after vaccination ▪ Lasts up to 12 months after vaccination 								

¹ Persons may receive any of the 3 brands, some the Northern Hemisphere 08 (NH 08) vaccine, some the South Hemisphere 09 (SH 09) vaccine.

² More likely to occur in a person who has never been exposed to the influenza virus or vaccine.

6.	Contraindications	<ul style="list-style-type: none"> ▪ Infants below the age of 6 months ▪ Persons with a history of allergy to: <ul style="list-style-type: none"> ○ previous dose of influenza vaccine ○ eggs ○ chicken protein ○ neomycin and kanamycin³ ○ thimerosal⁴ ▪ Persons with a history of Guillain-Barré syndrome within 6 weeks of a previous vaccination ▪ Persons with a recent / active febrile illness <p><u>Note:</u> Persons who have previously been vaccinated with the NH08 vaccine or the SH09 vaccine will not need to be vaccinated again.</p>
7.	Warnings	<ul style="list-style-type: none"> ▪ Patients undergoing immunodepressive therapy and those with endogenous immunodeficiency may have a lower response to the vaccination than normally expected. ▪ Following vaccination, false positive results in serology tests using the ELISA method to detect antibodies against HIV1, hepatitis C and especially HTLV1 have been observed. The Western Blot technique disproves the false positive ELISA test results. The transient false positive reactions could be due to the IgM response by the vaccine.

³ These antibiotics are used during the manufacturing process and therefore trace amounts may be present in the final vaccine.

⁴ A history of eye irritation after using eye drops containing thimerosal should not be reason to avoid getting influenza vaccine.