

## Top 10 Questions about Flu

October 23, 2020

Close to 300 of our peers joined last week's [Community of Practice](#) with the University of Toronto's Department of Family and Community Medicine.

Here are **answers to the top 10 flu-related questions** we heard.

- 1. Why don't I have enough flu vaccine?** The initial distributions went to hospitals and long-term care homes and subsequent shipments went to pharmacies and the 35 local public health units, who in turn allocate these to local practices. We know there hasn't been enough supply to meet the current demand. Shipments are arriving every week or so and the ministry states there will be enough flu vaccine overall. Certainly, it is critical that this actually occurs and those who want to get vaccinated can do so in a timely way.  
  
It is still early – the flu doesn't really get going until December so there is time for patients to get vaccinated.
- 2. Who should get the high-dose trivalent vaccine?** Right now, the high-dose vaccine should go only to those aged 65 or older. See the OMA's [Quick Reference Guide](#) for more information.
- 3. What should my patients who are 65 years and older do if the high dose is out?** There are two options for these patients – get the standard-dose quadrivalent or wait for the high-dose trivalent to come in. The choice will depend on your patient's wishes, their co-morbidities, and what is available locally. If necessary, you can prioritize the use of high-dose trivalent vaccine for those with co-morbidities. More high-dose vaccines are expected to be distributed in the upcoming weeks.
- 4. What is the relative benefit of the high-dose flu vaccine?** Among older adults, the high-dose trivalent vaccine led to a 24% relative risk reduction of influenza compared with standard-dose trivalent vaccines<sup>i</sup>, and an absolute risk reduction of 0.5% (number needed to vaccinate is 200). We don't know, however, how the high-dose trivalent vaccine compares to standard-dose quadrivalent vaccines.
- 5. Do patients still have to wait 15 minutes after getting a flu shot?** Although some countries have officially reduced the recommended wait time, so far this has not happened in Ontario. However, a shorter wait time can be considered if certain conditions are met – please see the guidance about shorter wait times in the [CEP flu resource](#) ("What's New for 2020/2021" section).
- 6. Why is there no FluMist this year?** We don't know why the ministry chose not to include FluMist this year as a part of the publicly funded vaccines. The ministry guidance states that FluMist may be purchased at pharmacies, but we understand that it does not seem to be easily available.
- 7. Outside of my practice, where can patients get their flu shots?** Here is information on community [flu vaccination sites](#) in your region.
- 8. How bad will the flu season be this year?** We often look to Australia to understand how our flu season might turn out. This year in Australia, numbers of lab-confirmed flu cases and flu-related hospitalizations were negligible, likely due to a combination of increased influenza vaccine uptake and public health measures implemented for COVID.
- 9. What PPE do I need to give the flu vaccine?** You need a mask and eye protection; wear gloves only if there will be exposure to non-intact skin (patient or person giving the injection). See the OMA's [Quick Reference Guide](#) on available vaccine products and PPE.
- 10. How can I distinguish the flu from a cold from COVID?** This is tricky given the many overlapping symptoms, as shown in this [one-pager](#). Bottom line – test to be sure and be mindful of not overusing antibiotics. This [Choosing Wisely toolkit](#) supports both virtual and in-person management of respiratory tract infections this cold and flu season.

<sup>i</sup> <https://www.nejm.org/doi/pdf/10.1056/NEJMoa1315727>