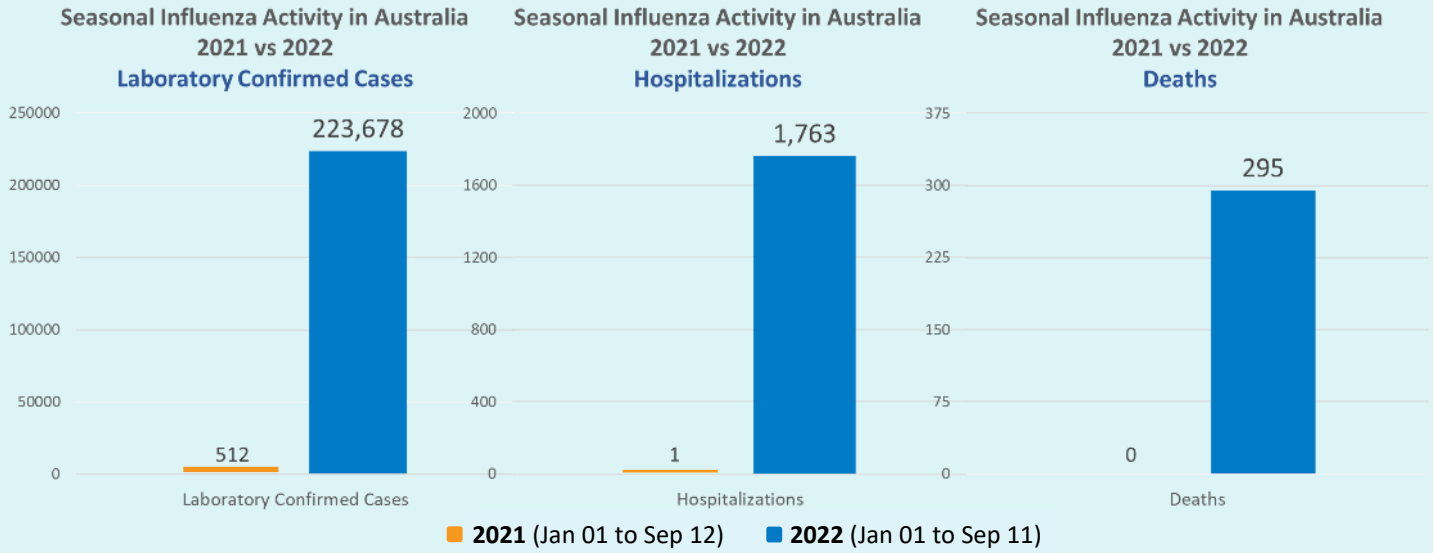

## INFLUENZA SEASON 2022-2023

In the past couple of years protective pandemic measures like social distancing, hand washing, and wearing a mask, have helped to keep a variety of respiratory viruses at bay, even as the rate of COVID-19 cases saw a cyclic rise and fall. Virtually, no cases of respiratory syncytial virus (RSV) were reported for many months in Canada and influenza largely disappeared until early 2022.

With most of the protective measures now lifted in the community, society largely reopened, and a resurgence in global travel, it is expected that there will be a significant increase in flu activity in the province during this fall and winter season. The preceding flu season in Australia (from April to October) can be an indicator of what's to come in Canada and this year, the country had its worst flu season in the last five years.

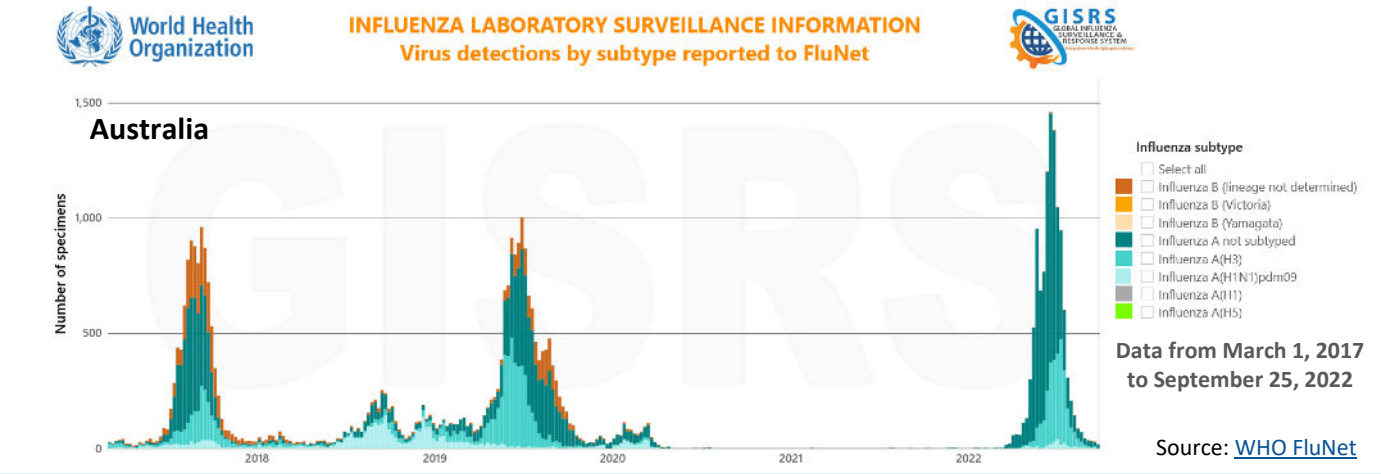



Data Source: www1.health.gov.au[1] | www1.health.gov.au[2]

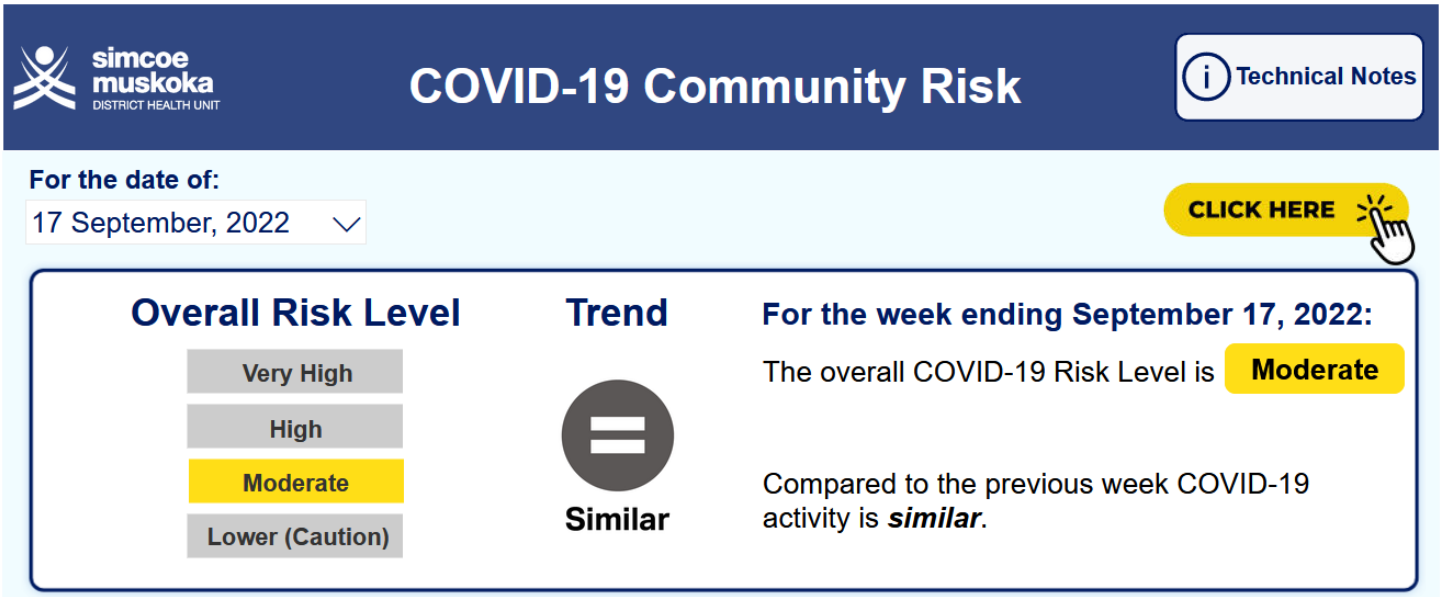
So who should get a flu shot? All persons aged **6 months and older** are recommended for annual flu shot, with rare exception. People who are at high-risk of developing complications related to influenza or co-infection with COVID-19 and influenza, such as individuals residing in high-risk settings with congregate living (CLS), pregnant women, and individuals ≥65 years of age are particularly recommended to get the flu shot. In addition, health care workers and other care providers, who could transmit the virus to high-risk individuals in homes and community settings should also get their flu shot this season when available.

For the province of Ontario, initial supply is expected by end of September and will be prioritized for hospitals and long-term care homes (residents and staff). As provincial stocks are replenished, retirement homes and other CLS will be prioritized in October, followed by general population in the month of November. The publicly funded flu shots available for the 2022-2023 season include a quadrivalent inactivated vaccine (QIV) for ≥6 months of age, *high-dose* quadrivalent inactivated vaccine (QIV-HD) **for ≥65 years only**, and an adjuvanted trivalent inactivated vaccine (TIV-adj) also **for ≥65 years only**.

Sources: www.health.gov.on.ca | www.cdc.gov | www.cmaj.ca | www1.health.gov.au




## COVID-19 ONLINE COMMUNITY RISK LEVEL TOOL BY SMDHU - NEW



## EXAMINING COMMON MYTHS ABOUT INFLUENZA AND FLU SHOTS SUPER FUN

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| **MYTH:** "I never get sick, so I don't need to get vaccinated." | **FACT**: You can be infected with the flu, even when asymptomatic, and spread it to others. Getting immunized helps to protect people around you who may be at higher risk of developing flu-related complications and severe illness.[1] This especially applies to health care workers who provide care to residents in highest-risk settings like LTCH, RH, and other congregate living settings. |
| **MYTH:** "You can catch the flu from the vaccine." | **FACT**: All three influenza vaccines mentioned in the previous section are made from an inactivated virus and cannot transmit infection. Some people may get mild symptoms after a flu shot, which is normal as that's their immune system at work and building protection.[1] Some may catch the flu by chance shortly after immunization (<1-2 weeks) when sufficient levels of antibodies have not been produced yet, and wrongly attribute the illness to the vaccine.[2] |
| **MYTH:** "Flu shots have the potential to create strains that are vaccine-resistant." | **FACT**: The influenza virus is capable of changing itself (mutations) through "antigenic drift" and "antigenic shift". That's why the there is a new flu vaccine every year. The strains used within the vaccines are altered every year to match the strains that are expected to be prevalent in the coming season, and that may cause most severe illness.[1] |
| **MYTH:** "It's better to get naturally exposed to the flu to keep the immune system strong." | **FACT**: Creating immunity against influenza virus one year *may not* provide protection from the flu in the following year because the virus mutates so frequently. Plus, since the strains can change every year, it is unknown how the flu may affect a person once infected, potentially risking severe illness. Getting the flu shot also reduces the chance of spreading it to others who may be more vulnerable due to pre-existing health conditions or comorbidities.[1] |
| **MYTH:** "The flu is just a bad cold." | **FACT**: Influenza may cause bad cold-like symptoms, such as sore throat, runny nose, sneezing, and cough and nothing more.[2] But in some people, especially young children, individuals ≥65 years of age, and people with high-risk factors, influenza *can be* severe, requiring hospitalization. It is estimated that seasonal influenza causes approximately 12,200 hospitalizations and 3,500 deaths in Canada every year[4]. Colds generally do not result in serious health problems.[5] |
| **MYTH:** "A severe case of flu with fever that lasts more than 1-2 days may require antibiotics." | **FACT**: Antibiotics work well against bacteria but are not effective for viral infections like the flu. Antiviral drugs like oseltamivir (Tamiflu) can be used to treat flu illness and can make illness milder and shorten the time you are sick. In some individuals however, there could potentially be a bacterial co-infection as a complication of the flu and antibiotics may be prescribed as part of the treatment.[2] |

Sources: www.gov.mb.ca[1] | www.health.harvard.edu[2] | www.cdc.gov[3] | ipac-canada.org[4] | www.cdc.gov[5]