

PANDEMIC PLANNING UPDATE

Since early September preparations have been underway in planning for a pandemic outbreak. With all the discussion about H1N1 in the media, we wanted to take this opportunity to update you, the LDMH staff, on what we do know and what we have been doing to prepare. It is important that you understand that directives and information from Health Canada, the Ministry of Health and Long-Term Care and the Public Health Unit are changing regularly and we are doing our utmost to stay informed of the latest developments.

SUPPLIES AND INVENTORY

We have been reviewing the MOHLTC Guidelines for suggested inventory for pandemic outbreak and preparing our stockpile inventories. We do have a 4 day on-site supplies inventory of Personal Protective Equipment (PPE) and other pandemic supplies. We also have an off-site 4 week inventory stockpile of N-95 masks and other outbreak supplies. Recommended PPE for an outbreak situation includes: N95 and procedure masks, gowns, face shields and gloves. We are working with our suppliers to ensure we have enough supplies and back-up available for both suspected cases we may see admitted prior to an outbreak and during an outbreak situation. Currently the Ministry is monitoring and approving the release of supplies to hospitals and other health service organizations. Staff is reminded that N95 masks are only for hospital staff and those who have been fit tested, not for distribution to family and visitors. Any staff that needs to be fit tested should set up a time with the Respiratory Therapy department.

H1N1 VACCINES

The Windsor-Essex Public Health Unit does have initial doses of H1N1 vaccine. They are currently in discussions with the hospital's Infection Control & Occupational Health and Safety practitioners regarding the distribution and administration of those vaccines to Health Care staff and workers. Tracey MacFie will be sending out more information regarding clinics at LDMH and how and when staff will receive their H1N1 vaccinations. We encourage all staff to be vaccinated once the vaccine is available. We know there are a lot of questions and myths in the public about the H1N1 vaccine and we encourage all staff to become informed. We have attached information from the Public Health Agency of Canada and the Public Health Unit. More information is available on the internet at: www.fightflu.ca; www.wechealthunit.org; or Health Canada - <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>.

PLANNING AND PREPAREDNESS

It is important that all Health Care workers recognize that they may be called on to work in extreme circumstances if there is a large outbreak within our community. We know schools and businesses may be closed and we encourage everyone to have a personal preparedness plan. It is important that you think about and discuss with your family who will care for your children or family members when you are required to be at work. During a pandemic outbreak we, as health care workers, will be called upon to protect and serve our community and we recognize that the services and care we provide may have to change. We know it will not be business as usual. As part of the LDMH planning we are currently contacting retired workers to see if there would be interest from individuals to work in the event we require additional assistance.

NEXT STEPS

We are currently finalizing the Influenza Immunization Policy. This policy will outline our Human Resource expectations for staff regarding immunization. Once the policy has been finalized it will be distributed to all staff for review. We are also finalizing our internal flow and services plan which outlines where and when suspected influenza patients will be admitted, when elective and non-essential services will be discontinued and how staff will be redeployed in the event of a pandemic outbreak. We will also be distributing a procedure for how to call in and report your illness for staff in the event that you become ill and are unable to report to work. As more information becomes available we will do our best to communicate it directly to you. We will also be hosting an integrated planning meeting with our community health service partners (EMS, FHT, LTC representatives) on November 4, 2009 to have further discussion with our community on this issue.

QUESTIONS

If you have any questions please contact Tracey MacFie, your Manager or any member of the Pandemic Planning Team: Sarah Padfield, Roberta Jarecni, Rose Costa, Janice Dawson, Cheryl Deter, Rosemary Lemmon, Tom Marshall, Jason Keane, Irene McClymont, Tracey MacFie, Liz Chaplain.

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H1N1 FLU VACCINE



VACCINE INFORMATION



What is H1N1 Influenza?

H1N1 flu virus is a respiratory disease caused by Type A influenza viruses. These viruses have been reported to spread from person to person, but in the past this transmission was limited.

In Ontario, the H1N1 flu vaccine is available free at the health unit community H1N1 flu clinics.

People who work, live, or study in Ontario are eligible for the free flu shot.

JUST THE FACTS

How is H1N1 flu spread?

The H1N1 virus spreads the same way as seasonal flu. An infected person releases the virus into the air by talking, coughing, and sneezing. Everything a sick person touches, such as toys and doorknobs, also spreads the virus, which stays active on surfaces for up to 48 hours. If you touch your nose or eyes after touching a contaminated surface, then you can become infected.

Why should I get a H1N1 flu shot?

Anyone can get the H1N1 flu. By getting the H1N1 flu shot you can save yourself from a couple of unpleasant weeks being sick or becoming seriously ill. It is also important for everyone to get an H1N1 flu shot to reduce the risk of spreading the infection to people who are at a high risk of getting life-threatening complications from the H1N1 flu.

How does the H1N1 flu shot protect you against H1N1 flu?

The H1N1 vaccine is made exactly like the seasonal flu vaccine but it contains a helper substance called adjuvant. The adjuvant is added to help the body make good protection (also called immune response) against Pandemic H1N1 infection. This protection helps the vaccinated person from getting sick if exposed to the H1N1 virus.

The H1N1 vaccine doesn't protect you from seasonal flu. Therefore, this year you will need both a seasonal vaccine and an H1N1 vaccine to get the best possible protection from influenzas. The vaccines can be given at the same time as other vaccines but are given in a different site (part of the body).

How many H1N1 flu shots do I need this year?

- ♦ Children from six months of age up to and including nine years of age will need two doses of vaccine, with at least 21 days (Three weeks) between each dose.
- ♦ Anyone 10 years of age and older will need just one dose.

Older children and adolescents can consent to their own vaccinations if they are able to understand the benefits and risks of receiving and not receiving the vaccine.

Who should get the H1N1 flu shot?

Those who would benefit the most from immunization and/or those who care for them:

- ♦ People with chronic medical conditions, under age 65.
- ♦ Pregnant women.
- ♦ Healthy children from six months to five years old.
- ♦ Persons residing in remote and isolated settings or communities.
- ♦ Health care workers involved in pandemic response or the delivery of essential health care services.
- ♦ Household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines.

Who shouldn't get the H1N1 flu shot?

You shouldn't get the H1N1 flu shot if:

- ♦ You had a previous anaphylactic (severe allergic reaction) to any element of the vaccine.
- ♦ You have a hypersensitivity to eggs or thimerosal (e.g. hives, swelling of the mouth and/or throat, or difficulty breathing).
- ♦ You have a high fever.
- ♦ You have previously experienced Guillan-Barré Syndrome within eight weeks of receiving a seasonal flu vaccine.

The H1N1 vaccine isn't approved for infants under six months of age.

Is the H1N1 flu shot safe for women who are pregnant?

Pregnant women should receive the H1N1 vaccine **without** the adjuvant if it's available. They can receive the vaccine **with** the adjuvant if:

- ♦ There is a lot of Pandemic H1N1 influenza in the community.
- ♦ They have ongoing medical problems.
- ♦ They are more than half way through their pregnancy (over 20 weeks).

The vaccine hasn't been specifically studied in pregnant women, however, the vaccine is being used in Europe in pregnant women.

For more information.

Windsor-Essex County Health Unit

<http://www.wehealthunit.org/diseases-conditions/h1n1-virus>
519-258-2146 ext. 1444

Health Canada

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

Ministry of Health and Long-Term Care

<http://www.health.gov.on.ca/en/ccom/flu/>

References:

Public Health Agency of Canada (2009). H1N1 flu vaccine authorization. Media lines. H1N1 vaccine guidance, 2009.

Glaxo Smith Kline Inc. (2009). Product information leaflet. Arepanrix™ H1N1. ASO3 adjuvanted H1N1 pandemic influenza vaccine. Emulsion for injection. ATC code J07BB02.

Can the H1N1 flu shot cause the flu?

No. The vaccine doesn't contain live viruses so you can't get the flu from the vaccine.

The vaccine won't protect you against colds and other respiratory illnesses that may be mistaken for the flu.

Are there any side effects to the flu shot?

The H1N1 flu shot, like any medicine, can cause side effects. The very common and common side effects are usually mild and should only last a day or two.

Very Common

- Soreness, redness, or swelling where the shot was given
- Headache
- Fatigue
- Shivering
- Sweating
- Muscle aches and joint pain

Common

- Bruising, itching, and warmth where the shot was given
- Fever
- Swollen Lymph nodes
- Feeling sick, diarrhea

Uncommon

- Tingling or numbness of the hands or feet
- Sleepiness
- Sleeplessness
- Dizziness
- Vomiting
- Stomach pain
- Rash

All of these side effects usually disappear within one to two days without treatment. If they persist, **Seek medical attention.**

A more serious illness called Guillain-Barré syndrome (a severe paralytic illness also called GBS) has occurred very rarely after the administration of seasonal flu vaccine. All age groups can be affected but GBS is most common in the elderly population.

Backgrounder: Vaccine Myths

The most effective way to protect yourself and your loved ones from flu viruses, including the H1N1 flu virus, is to get immunized.

It is important to know what is myth and what is fact. The following are among the more common myths surrounding flu vaccines, including both the seasonal and the H1N1 flu vaccines.

Myth 1: Vaccines don't work.

Fact 1: It is true that when there is an outbreak of a disease, some people who have been immunized get sick. This leads to the idea that vaccines don't work. Because each individual is different, about 10 to 15 per cent of people vaccinated will not develop immunity to the disease. Nevertheless, immunization reduces the risk of severe disease. In the case of the H1N1 flu virus, since very few people are immune, it is predicted that without interventions like a vaccine and antivirals, close to 25 to 35 per cent of the population could become ill over the period of a few months. Immunization is the most effective way to prevent illness and to reduce the risk of transmitting the flu to those around you.

Myth 2: There are many serious side effects from vaccines.

Fact 2: We acknowledge that there are concerns with respect to immunization. There are some risks associated with flu vaccine, but the potential risk for serious adverse events, like Guillan-Barré Syndrome, is low.

For regular seasonal influenza, about 5 to 10 percent of the population will get sick and on average about 4000 people die every year. The risks of serious side effects from the flu are far greater than the risk of experiencing an adverse event after receiving the flu shot. The risk of suffering Guillan-Barré as a complication from the flu is greater than the risk of getting it as a reaction to the flu shot.

Vaccines are among the safest tools of modern medicine. In Canada, serious side effects from the flu vaccine occur very rarely – about one for every million shots administered. The vast majority of side effects from vaccines are minor and temporary, like a sore arm or mild fever. These are much less severe than influenza infection, and last for a much shorter time. No long-term effects have been associated with any vaccine currently in use.

Myth 3: Because the H1N1 flu vaccine is new, it is untested and unsafe.

Fact 3: Careful research into the safety of any vaccine is done prior to its widespread use. The requirements for vaccines approved for sale in Canada are stringent. Every vaccine lot is safety-tested by the manufacturer and by the **Biologics and Genetic Therapies Directorate at Health Canada**. Health Canada will review all available test results, including international data, to ensure the vaccine is safe and effective before it is authorized for use in Canada. The dangers of **vaccine-preventable diseases** are much greater than the risk from a serious reaction to a vaccine.

The use of an adjuvanted vaccine is not new. The adjuvant used in the H1N1 flu vaccine although new in Canada, has been widely used safely in Europe in other vaccines. This adjuvant has already been evaluated by Health Canada, and no safety concerns have been found.

Myth 4: Taking the regular flu shot puts me at risk of becoming very ill with H1N1

Fact 4: Preliminary findings from some Canadian studies indicate that those healthy adults that tested positive for H1N1 were twice as likely to have received seasonal vaccine. More research is needed to establish whether or not there is a causal relationship between these factors. What is

important is that there is no association with receiving seasonal vaccine and experiencing serious illness from H1N1.

Studies in Canada and the U.S. have shown that there appears to be no increased risk of severe disease from the H1N1 flu virus among people who received seasonal flu shots. Studies in the U.S., Australia and Britain have not shown an association between the seasonal flu shot and getting the H1N1 flu virus.

Myth 5: The influenza vaccine can give you influenza.

Fact 5: The influenza vaccine **cannot** give you influenza. The influenza vaccine contains dead influenza viruses and they cannot cause infection.

Myth 6: Getting an influenza vaccine every year overwhelms and weakens the immune system.

Fact 6: The influenza vaccine gives you a high level of immunity to the virus. People who get the influenza vaccine every year are better protected against influenza than those who do not get it.

Myth 7: The influenza vaccine contains thimerosal (mercury), which is harmful, especially for young children.

Fact 7: The amount of thimerosal used in the influenza vaccine is very small and has not been shown to cause any harm. Canada's **National Advisory Committee on Immunization** (which includes recognized experts in the fields of paediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health) has reviewed the latest science and concluded, "there is no legitimate safety reason to avoid the use of thimerosal-containing products for children or older individuals." The vaccines that Canadian children and adults receive are safe.

Myth 8: Pregnant women should not get the influenza vaccine.

Fact 8: The influenza vaccine is safe during pregnancy. Being immunized is the best way to protect yourself and those around you, including your unborn infant. It is also safe for babies to breastfeed after mothers receive the influenza vaccine.

Although women who are pregnant are not more likely to get the H1N1 flu virus, they are more likely to suffer complications if they do get infected. This is particularly true in the second and third trimester of the pregnancy.

If you have any questions about getting an influenza shot during your pregnancy, speak with your doctor or health care provider.

Myth 9: My child got the influenza vaccine (flu shot) last year so there is no need to give him the shot again. He is still protected against the virus.

Fact 9: It is important for children over the age of six months to be immunized every year to make sure their body forms antibodies against the most common strains of influenza viruses circulating that year. Because the flu viruses may change from year to year, the vaccine is updated annually, so your child should get the flu shot every year.

These are only a few of many myths circulating about immunization and the influenza vaccine (regular seasonal flu and H1N1). When seeking information on such vital issue as your health, it is important to refer to official sources such as Health Canada, the Public Health Agency of Canada, and your provincial and territorial departments of health.

You can access current, updated information through www.fightflu.ca or by calling toll-free 1 800 O-Canada (1-800-622-6232). Being and staying protected against any illness starts with knowing the facts.

Knowledge is Your Best Defence

Considering the Options – Getting the flu versus getting a vaccine or taking an antiviral

When considering your options about vaccination there are a number of factors that you should think about. This chart explains the risk of getting the flu versus the benefits and risks of getting an H1N1 flu vaccine and/or taking antiviral medication if you do get the flu.

If you catch the H1N1 Flu

If you become sick with the H1N1 flu there is a chance you could develop severe flu symptoms and be hospitalized. Knowledge is your best defence. Take steps to protect yourself.

	Getting the H1N1 Flu Vaccine	Taking antivirals after getting the H1N1 flu.
Benefits / Facts	Vaccines have proven benefits. Getting the H1N1 vaccine is the single best way to protect yourself and those around you from the H1N1 flu virus.	Antivirals may decrease the severity of sickness.
	You cannot get the flu from the flu vaccine.	Antivirals MUST be taken within the first 48 hours of the onset of symptoms.
	Vaccines are safe. The dangers from vaccine-preventable diseases (like the flu) are many times greater than the risk of a serious reaction to the vaccine.	If you have the flu, talk to your health care provider about treatment options. Antivirals may be one of many treatment options that they might recommend.
	With the H1N1 flu vaccine you will have some immunity to the current strain of the H1N1 flu virus within 10 days.	Recently Health Canada approved the use of antivirals (Tamiflu) for children less than one year of age.
Risks	Vaccine can have side effects but they are usually mild. You need to weigh the risks of side effects with the risks of serious health problems if you catch the flu.	There is a risk of side effects with any medication including antivirals. The most common side effects of the antiviral oseltamivir include nausea, vomiting, diarrhea, abdominal pain and headaches.
	The most common side effects of the flu vaccine are soreness in the arm where the vaccine was given, sore or red eyes, itchiness and for some a mild fever. Most people experience no serious side effects from the flu vaccine.	The flu virus can adapt and develop resistance to antiviral drugs – this means that the drugs would no longer be effective in treating the H1N1 flu.
	About one out of every million people will have a severe reaction to a flu vaccine, including anaphylaxis or Guillain-Barré Syndrome (GBS).	Rare cases of anaphylaxis and serious skin reactions, including toxic epidermal necrolysis, Stevens-Johnson syndrome and erythema multiform, have been reported with the antiviral oseltamivir.

To find out more, visit www.fightflu.ca or call 1 800 O-Canada (1-800-622-6232) (TTY 1-800-926-9105)



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Considering the Options – Getting the flu versus getting a vaccine or taking an antiviral

KNOWLEDGE IS YOUR BEST DEFENCE

	Getting the H1N1 Flu Vaccine	Taking antivirals after getting the H1N1 flu.
Myth Busting	Thimerosal is a form of mercury used in the H1N1 vaccine to stabilize it and maintain its quality during storage. Thimerosal is a different form of mercury than the mercury known to cause health problems. The amount in flu vaccines is much less than the daily limit recommended – for example a can of tuna fish has more mercury than the thimerosal in the H1N1 vaccine.	Antivirals are not appropriate for everyone. Talk to your health care provider about whether taking antivirals to treat the flu is appropriate for you.
	If you receive the H1N1 vaccine you are at no greater risk of acquiring Guillain-Barré Syndrome (GBS), a neurological condition that occurs in approximately two in 100,000 people per year and is most often associated with foodborne infections. The possible risk of acquiring GBS from the flu or the flu vaccine is very small.	Antivirals are taken in pill form (oseltamivir) or as an inhaled medication (zanamivir). They are not given by injections.
	<p>An adjuvanted vaccine is a vaccine that includes a substance that boosts an individual's immune system and increases their response to a vaccine. An unadjuvanted vaccine has no "booster" element.</p> <p>Adjuvanted vaccines are included in common vaccines such as tetanus and Hep B. The adjuvant in Canada's H1N1 vaccine is made up of natural ingredients such as water, squalene oil and vitamin E.</p> <p>Unadjuvanted vaccines are preferred for pregnant women when the flu virus is not yet in the community. This is because there are less safety data available on adjuvanted vaccine use during pregnancy.</p>	Antiviral drugs given for treatment of the flu usually need to be taken for five days.

To find out more, visit www.fightflu.ca or call 1 800 O-Canada (1-800-622-6232) (TTY 1-800-926-9105)



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