

September 2, 2009

Subject: Update on pandemic H1N1 influenza virus

Dear Colleague:

I write to update colleagues in regard to some recent changes in the epidemiology and approach to the management of H1N1 vaccine.

1) Influenza Vaccines

a) Seasonal Vaccine

The Department of Health is anticipating an increased demand for seasonal vaccine this year because of the arrival of the pandemic virus. In the past we have accessed around 170,000 doses of seasonal vaccine but this year have placed an order for 225,000 doses for the province. Unlike previous years there is no opportunity to obtain more vaccine when this runs out because companies moved production from seasonal vaccine to pandemic vaccine after supplying orders received. Increased orders came from most provinces this year including the decision of a second province to offer universal vaccination.

In New Brunswick there is no change to the key target groups for influenza vaccine. As per previous years the elderly, those with chronic medical conditions, as identified in the attached sheet, children between the ages of six months and 23 months, pregnant women, the contacts of children under the age of six months and those that are immunosuppressed continue to be target groups for seasonal vaccine.

However, unlike previous years it will be necessary to vaccinate people with seasonal vaccine in a short sharp timeframe to ensure that public messaging about different types of flu vaccine is effective. Therefore it is proposed that seasonal influenza vaccine will be available for those who require it **only for a six week period** between the first of October and the middle of November. A paid marketing campaign identifying the need to access vaccine early coupled with the key target groups will commence at the end of September and will reinforce the core messages being:

- Influenza is a serious disease particularly in identified target groups.
- Influenza vaccine is safe, has minimal side effects and cannot give you influenza.
- Influenza vaccine is effective in preventing serious disease.

I seek your assistance in organizing your clinics at an early point in the October - November period and maximizing the uptake in your practice for those requiring seasonal influenza vaccine.

b) Pneumococcal Vaccine

Many groups targeted for seasonal vaccine are also recommended to have pneumococcal vaccine, if they have not previously received this within the last five years, because of the increased risk of secondary bacterial pneumonias. This year we have purchased an increased amount of pneumo-23 vaccine. Previously uptake of this vaccine has been disappointing and we would like to improve our coverage.

We are requesting that when distributing seasonal influenza vaccine to the elderly and those with chronic diseases this year that you also offer and support the use of conjoint pneumococcal vaccine.

c) Pandemic Vaccine

At the completion of the influenza seasonal vaccination program, in early December, the new pandemic adjuvanted vaccine will become available for distribution.

The Government of New Brunswick has committed to the purchase of sufficient vaccine for all persons who need and want to access this vaccine. **This vaccine will be free to all recipients.**

While some of the specifics about initial target groups, number of doses and so on have yet to be finalized I think it is safe to assume that the following will form part of the vaccination program.

- The adjuvanted vaccine will come in ten dose vials, will require mixing to add adjuvant and vaccine together, and will have a shelf life of only 24 hours after the mixing has taken place.
- Two doses of vaccine will be necessary for protection and it is likely that the interval between the two will be somewhere between three and four weeks. There will be an initial prioritization of vaccine as only around 300,000 doses will be available at the commencement of the program in New Brunswick.
 - Initial target groups are likely to include pregnant women and those in immediate post partum period, first nations people, children, health care workers and others yet to be determined.
 - Expert committees are currently discussing the epidemiology, the ethics and the acceptability of various prioritization proposals and these deliberations will be followed by a community consultation which is targeted. Ultimately by the middle of September an announcement will be made by government on these prioritizations.
 - It would be surprising based on the current epidemiology if the groups mentioned above are not part of the initial focus.

Planning is well underway in New Brunswick to look at the mechanism for the delivery of 1.1 million doses of vaccine. Plans include the conduct of specialized clinics in first nation communities, mass vaccination offered to the schools population and other mass vaccination clinics in the early phases of the campaign to specifically target younger children, pregnant women and so on.

At this point it is not proposed that family practice will be part of the initial delivery of the pandemic vaccine. The major reason for this during the targeted process is the short shelf life of multi dose vials and the need to ensure that all ten doses are given within a 24 hour period; a situation that may be problematic if practices are full of people outside the key target groups attending for other conditions.

While the proposal to distribute the vaccine to family practitioners for their patients is a secondary consideration in the distribution of pandemic vaccine, the Department of Health remains open to a discussion between now and December with regards to the utility of delivering this program through general practice.

Family practice delivers around half of the childhood immunizations in New Brunswick and a substantial portion of the elderly seasonal vaccine each year. We would welcome contact by practitioners who believe that it would be possible for them to run dedicated clinics in the early phases of the pandemic particularly clinics with a capacity to attract younger children and pregnant women to the early phases of a vaccine program. We also welcome advice about the conduct of clinics when it is more broadly available a few weeks into the program.

Please contact my office with any suggestions with regard to your involvement in this phase.

It is likely that area health services will look at running a mass vaccination trial using seasonal influenza to ensure that the planning for pandemic mass vaccination clinics is robust. If this is the case some of the current 225,000 dose allocation will be held back by the Department of Health to ensure the capacity to deliver vaccination in a mass clinic setting.

2) Isolation Guidelines

Initial planning for the arrival of the pandemic was largely focused on H5N1 data from Asia, the particular virulence of bird flu that have been identified and the likelihood of severe consequences including death rates of up to 2%.

The arrival of widespread viral activity of the pandemic H1N1 strain however was associated with a reduced infectivity and reduced virulence than we had planned for. Early messages with regard to isolation protection of the public were based on a more severe situation and appropriate steps are now underway to review the current epidemiology and minimize unnecessary societal disruption associated with pandemic messaging.

One of the key necessary changes to the messaging is the relaxation of some isolation messages from the previous stay at home for seven days irrespective of how you feel. The new recommendation is that, outside of vulnerable settings such as hospitals, people who are ill with pandemic influenza should isolate themselves and restrict external contact until such time as they are symptom free and feel well enough to go about their daily business.

It is understood that this may be as little as four days in some cases but the degree of viral shedding for those who are asymptomatic and hence the degree of infectivity is reduced and in view of the relatively mild general nature of the pandemic virus it is felt that this is a reasonable alteration to previous isolation guidelines. These guidelines apply in all non high risk settings including schools, universities, the general workplace and childcare. Those people working in acute care settings remain under a stay at home for one week advisory.

3) Sentinel Surveillance

New Brunswick has ramped up its seasonal influenza sentinel surveillance to reflect the arrival of the pandemic and will now run sentinel clinics in walk-in settings, first nation communities, university clinics as well as an increased number of family practice and emergency room settings. This will enable us to monitor the virus more intensively and provide updates to family practice with regards to likely alterations in the virus as time goes on.

Further information with regards to H1N1 is available on the Government of New Brunswick website at www.gnb.ca

Kind Regards,



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