

Health **FAX**

pH1N1 Vaccine Ordering

Attention: **Physicians, Long-Term Care Homes, Rest & Retirement Homes, Walk-in Clinics, Hospitals, Infection Control Practitioners, Nurse Practitioners, Correctional Facilities, Penetanguishene Mental Health Centre**

Date: October 20, 2009

A Message from the Medical Officer of Health

As you are well aware, the pH1N1 influenza vaccine will soon be available in Ontario and the Simcoe Muskoka District Health Unit is preparing to support the delivery of the vaccine to all residents who need and want it in a timely fashion. To this end we are planning a large number of public vaccination clinics at simultaneous locations throughout Simcoe County and the Muskoka District beginning November 3rd.

This program will test the resources of the health unit to its limits. It involves the redeployment of virtually all health unit nurses and most other staff to work at the clinics providing this service to the public; as a consequence other public health programs will have to be delayed.

Yet despite these efforts we cannot accomplish this task alone. I would like to invite you to participate in the vaccine program and offer the vaccine to your patients and clients. As you have no doubt heard, the Ministry of Health and Long-Term Care has included additional quality assurance mechanisms with respect to pH1N1 vaccine that require the reporting of some summary information each week.

We want your participation and will minimize any additional efforts on your part as far as possible. The program will operate in a similar manner to our yearly seasonal influenza vaccination program. **Simply order the pH1N1 vaccine that you will need through the usual method, by fax with your temperature log, and know that each week you will have to provide us with aggregate, non-identifying data by noon on Monday for the previous week.**

The following information is required:

- Number per age
- Number by gender
- Number receiving their first dose
- Number receiving their second dose
- Number in each recommended recipient group
- Total number of vaccine doses wasted

More information will be sent shortly in another HealthFax regarding the actual implementation of the vaccine program, including storage and handling, reconstitution directions, dosage, weekly submission of data to the health unit and other details related to vaccine administration. However, **we are taking vaccine orders as of now.**

Attached you will find instructions and a spread sheet that may be used for reporting the required summary information. We will shortly have available an electronic version if this is more suitable to your practice; it may also be adapted to output from your EMR.

I look forward to working with you to vaccinate our population against the pandemic strain of influenza we are experiencing this year. Let us know if there is more we can do to help you do your part. If you have any questions please contact the Vaccine Preventable Disease Program at 877-721-7520 or 705-721-7520 extension 8806. Together we can protect our clients, our patients and our community.

Sincerely,

Chuck Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

Pandemic H1N1 Immunization Data Instruction Sheet

The data on this form is required from every vaccine delivery agent in the province of Ontario providing pandemic influenza H1N1-2009 vaccine, this form will be available electronically or paper based.

Instructions for patient/client data collection component (first 20 rows)

Leave categories on the form blank if they do not apply to the patient/client.

Vaccine Date: enter date vaccine was given in year-month-day.

Dose: Insert "x" in box that applies.

Gender: Insert "x" in box that applies.

Age in years: enter age of patient/client in years. If the client is between 6 months of age and less than 12 months of age enter age in months followed by "mo." (e.g. 6 mo.)

Definition of recipient group categories: Please be advised that the categories and corresponding rationale provided below have been obtained from the *Guidance on H1N1 Vaccine Sequencing* document published by the Public Health Agency of Canada (PHAC). This document and other relevant information about H1N1 influenza can be found online at www.phac-aspc.gc.ca

Chronic Condition:

Persons with chronic conditions (NACI list) under the age of 65
Rationale: at higher risk of complications; 65+ less affected to date, Canadian modeling suggests immunizing this group decreases population morbidity and mortality more than immunizing children (i.e. groups with highest attack rate)

Pregnancy

Rationale: at highest risk of severe disease, and to potentially protect their infants (This is a World Health Organization (WHO) definition and refers to the maternal antibodies transferred to the fetus in utero protecting the infant after birth as well as to include the post-partum period).

Remote or isolated setting

* Please note refers to where patient/client resides and not clinic location.

Rationale: limited access to medical care, potential for development of mass immunity and prevention of infection, logistically easier to target whole community; equity, high concentration of persons with chronic conditions, observed morbidity/mortality in some remote Aboriginal communities

Health Care Worker

All health care workers (HCW) involved with the pandemic response or delivery of essential health services:

- Those who provide direct patient care as well as those who support the provision of health care services
- Includes full-time staff, part-time staff, students, regular visitors and volunteers i.e. all persons carrying out the health care function
- Settings include acute care, chronic care, ambulatory/community care, emergency medical services, laboratory, public health departments, pharmacies etc.
- Includes Canadian Blood Services/Héma Québec and vaccine manufacturers

Rationale: prevent HCW spread to vulnerable patients, prevent outbreaks, protect HCW (reciprocity) and protect essential health infrastructure

Household Contact or Care provider

Individuals in this category include contacts of or those caring for:

- infants <6 months of age
- Persons who are immunocompromised

Rationale: indirect protection for persons at high risk who cannot be immunized or may not respond to vaccine

First Responder (police or firefighter)

Rationale: frequently attend emergency health situations with EMS

Swine worker

Rationale: to prevent opportunities for viral reassortment

Poultry worker

Rationale: to prevent opportunities for viral reassortment

First Nations

Rationale: a federal requirement to collect this data.

Instructions for H1N1 Vaccine Wastage Report and Adverse Events Tally

Number of vials of adjuvant wasted:

- Enter wastage in number of vials e.g. "3" (rationale: if any portion of adjuvant or antigen is wasted prior to reconstitution the entire vial would need to be wasted)
- Only record adjuvant and antigen wastage separately if wastage incidence occurred prior to or during process of reconstitution.

Number of vials of antigen wasted:

- Enter wastage in number of vials e.g. "3" (rationale: if any portion of adjuvant or antigen is wasted prior to reconstitution the entire vial would need to be wasted)
- Only record adjuvant and antigen wastage separately if wastage incidence occurred prior to or during process of reconstitution.

Number of doses of reconstituted vaccine wasted:

- Enter wastage in number of doses e.g. "18" (rationale: once vaccine is reconstituted vaccine wastage can be recorded per dose because the contents remaining in the vial are in the correct proportion for patient/client use)
- The reconstituted vaccine is called Arepanrix[®]

Number of doses of influenza A (H1N1) monovalent vaccine[®] wasted:

- Enter wastage in number of doses e.g. "18" (rationale: wastage can be recorded per dose because the contents remaining in the vial are in the correct proportion for patient/client use).
- The vaccine is called influenza A (H1N1) monovalent vaccine[®]

Number of Adverse events:

- Enter the total number of adverse events following immunizations e.g. "5" that occur at your facility in the time frame of the dates you have recorded on this form.
- The adverse events section of this form includes adverse events that occur at your office for patients/clients that you administered vaccine to **and for** those who present to your facility who received vaccine elsewhere.
- The number of adverse events totaled on this form **does not** replace standard Adverse Event Following Immunization reporting (AEFI) to your local public health unit.



Ontario

Ministry of Health
and Long-Term Care

Public Health Division

Date Submitted to Health Unit
yyyy-mm-dd

H1N1-2009 Immunization Data Collection Tool

Vaccine Delivery Agent Name & Type of Institution: _____

- Check all that apply (x), otherwise leave blank (see *Pandemic H1N1 Immunization Data Instruction Sheet*)
- Do not send duplicates

Client	Vaccination Date (yyyy.mm.dd)	Dose		Gender			Age in years	Chronic Condition	Pregnant	Remote or Isolated Setting	Health Care Worker	Household Contact or Care Provider	First Responder (police or firefighter)	Swine Worker	Poultry Worker	**First Nations	
		# 1	# 2	Male	Female	Not known											
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H1N1 Vaccine Wastage Report and Adverse Event Tally

Number of vials of adjuvant* wasted	Number of vials of antigen* wasted	Number of doses of reconstituted vaccine wasted (Arepantix®)	Number of doses of influenza A (H1N1) monovalent vaccine without adjuvant@ wasted	Number of adverse events
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*Only record adjuvant and antigen doses separately if wasted separately, otherwise record wastage in reconstituted column.
 ** In consultation to confirm