

Pandemic (H1N1) 2009 Influenza A Situation Update for Partners

Simcoe Muskoka District Health Unit

October 1, 2009

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This is a different flu season. As you are aware, two influenza vaccines will be available this season, i.e., pH1N1 and seasonal influenza. The risks for acquiring pH1N1 and seasonal influenza are different among different populations. This has led to changes in the planned roll out of both influenza vaccines as I highlighted in the [Sept 25th pH1N1 Situation Update](#).

As well, it is very important we make every effort to promote personal protection messages widely across our communities. We welcome your support in this promotion and have a variety of materials (print & video) available for order or download from our website. See the public health measures section for details.

You will find a link to the [previous biweekly updates](#) on our website. We will continue to work with and communicate to partners through regular channels, where they exist, to support ongoing planning and updates. If you have questions please contact your regular liaison at the health unit or call *Your Health Connection* at 721-7520 or 1 877-721-7520.

Sincerely,

Dr. Charles Gardner

Medical Officer of Health
Pandemic

Current Situation

World – Pandemic H1N1 (pH1N1) influenza virus continues to be the predominant circulating strain of influenza, both in the northern and southern hemisphere. There have been no significant antigenic or genetic changes detected in the pH1N1 virus. Overall deaths associated with pH1N1 infection are less than what is typically seen with seasonal influenza, particularly in adults 60 years and older; however, pH1N1 associated deaths in adults 20 to 59 years appears to be slightly elevated as compared with seasonal influenza. Antiviral susceptibility testing indicates that the pH1N1 virus remains sensitive to the antiviral drugs oseltamivir and zanamivir, but is resistant to amantadine and rimantadine. Antigenic and genetic testing suggest that seasonal influenza vaccination will provide little to no protection against pH1N1.

In the temperate regions of the southern hemisphere, influenza activity continues to decline and return to baseline in some areas. In the tropical regions of the Americas and Asia, influenza continues to circulate with widespread activity reported in several countries. In the temperate regions of the northern hemisphere, influenza-like-illness (ILI) activity continues to increase in

many areas, including several regions in the US. Areas with increases in ILI activity have usually seen a corresponding increase in laboratory isolations of pH1N1 viruses.

Canada/Ontario – In Canada, overall influenza activity is beginning to increase and is considered high for this time of the year. The national hospitalization rate is 4.4 per 100,000 people with the highest rates in children aged less than 15 years of age (10.4 per 100,000). In comparison, the national mortality rate was two per 1,000,000 people; those 45 and older had the highest mortality rate (3 per 1,000,000). One in five pH1N1 case requiring hospitalization were admitted to the intensive care unit (ICU) and one in 10 required ventilation. ICU admission rate and ventilation rate are highest among children under five years of age.

The number of hospitalizations and deaths attributable to seasonal influenza varies from year to year and is dependent on a number of different factors including how closely the vaccine matches the circulating virus strains for a given year. However, from the available data it appears that overall deaths and hospitalizations due to pH1N1 are less than what is typically seen with seasonal flu, due primarily to a large reduction in deaths and hospitalizations among older adults (60 years and up). Hospitalizations among younger populations, particularly those requiring advanced care, appear to be higher than expected. Deaths associated with pH1N1 among young adults 20 to 49 years of age are also higher than expected - two per 1,000,000 compared with 0.3 per 1,000,000 for seasonal flu.

In Ontario, the majority of health units are currently reporting no influenza activity with a few reporting "sporadic" activity. The rate of influenza-like illness (ILI) in patients seen by sentinel physicians is within expected limits for this time of the year. The per cent of influenza laboratory tests that were positive for pH1N1 has been less than five per cent since the beginning of August, which is down considerably from the peak of more than 40 per cent in June.

Simcoe Muskoka – Locally, influenza activity has waned over the summer. Currently, we have no active institutional or community outbreaks or hospitalized cases. Our last laboratory confirmed case of influenza was in early August.

Surveillance (no changes since last update)

SMDHU continues to monitor for influenza-like illness through local reports to public health from primary care settings (hospitals, physician offices), long term care facilities, schools, child care centres, recreational camps and correctional facilities.

The pH1N1 Response Team at the health unit is monitoring the pH1N1 situation in Canada and around the world for new information and updates through key websites and through participation in Ontario Ministry of Health and Long-Term Care (MOHLTC) teleconferences and meetings.

Public Health Measures

The health unit has produced materials to promote the key public health messages related to hand washing/hand sanitizing, cough/sneeze etiquette, cleaning shared surfaces, staying home if you are sick and seasonal/pH1N1 vaccines.

You can find poster, decal and tip sheet materials (English and French) that you can order from the health unit and other promotional materials (poster & video) that you can download on our website. Here is the link.

<http://www.simcoemuskokahealth.org/Topics/InfectiousDiseases/InfectionPrevention/orderresources.aspx>

We have also created a web link to multilanguage information and material that is available from the Public Health Agency of Canada and the Ontario Ministry of Health and Long-Term Care. Here is the link.

<http://www.simcoemuskokahealth.org/Promos/HumanSwineFlu/H1N1InfoMultilanguages.aspx>

Vaccine

Seasonal Influenza Vaccine

Please see the [September 25th pH1N1 Situation Update](#) for details about the changes to this year's seasonal influenza vaccine program announced by the Ministry of Health and Long-Term Care on Sept 24th.

In summary the Ministry of Health and Long-Term Care has made the following recommendations for seasonal influenza vaccine for this year:

- Those persons aged 65 and older and those in long-term care homes receive seasonal influenza vaccine at this time.
- All others delay receiving the seasonal influenza vaccine until after they have received the pH1N1 vaccine.

Distribution of the vaccine to physician offices and long-term care homes will be consistent with previous influenza seasons. However, the ordering and distribution will be limited at this time to the supplies need to vaccinate those people in the two target groups. We will notify our contacts as soon as the vaccine becomes available for ordering. People aged 65 and older who do **not** have a health care provider will be able to book appointments at the [health unit's regular immunization clinics](#) that are held in our offices.

Due to the changes in the seasonal vaccine rollout, the health unit will **not** be offering the schedule of **seasonal** public flu clinics this fall. Our planning continues for the scheduling of pH1N1 vaccination clinics for November.

Research on the pH1N1 vaccine continues and will guide recommendations for its use. There is no information available at this time on the number of pH1N1 injections (one or two doses per patient) that will be required, or the interval that will be required between receiving it and the seasonal influenza vaccine.

pH1N1 Vaccine (no changes since the last update)

SMDHU is planning for a large pH1N1 public health immunization clinic campaign, likely to take place in November once vaccine is released. The federal government has ordered enough pH1N1 vaccine for any Canadian that needs and wants to be immunized. On September 17th the federal government announced the groups chosen to receive pH1N1 vaccine in the first sequence (those who would benefit most from immunization and/or those who care for them). These priority groups are:

- persons with chronic medical conditions under the age of 65
- pregnant women
- children 6 months to less than 5 years of age
- persons residing in remote and isolated settings or communities

- health care workers involved in pandemic response or who deliver essential health services
- household contacts or caregivers of those at high risk who cannot be immunized
- populations otherwise identified as high risk

Others who would benefit from immunization include:

- Adults over 65 years of age and over
- Healthy children 5 to 18 years of age
- First responders to emergencies (fire, police)
- Swine and poultry workers
- Healthy adults between 19 and up to 64 years of age (this age group is at increased risk for severe pH1N1 disease)

The groups in each of the two categories are not listed in priority sequence. Provinces and territories are expected to use the guidance for planning purposes and will interpret it based on local circumstances and realities.

The MOHLTC is requiring all health units to provide information on each person receiving the pH1N1 vaccine. A new Immunization Information System (IIS) developed by the Niagara Regional Health Unit will be used across the province. The IIS will capture all required information at the clinic site using a card swipe system for driver's licenses and/or health cards. This information can also be entered manually if necessary. The IIS will be a significant improvement to the collection and management of clinic information for vaccine programs. The health unit is now actively involved in preparing for this implementation including the assignment of staff, training preparation and the deferring of other planned IT priorities.

Community health care providers (long-term care and other facilities) will also be able to administer the pH1N1 vaccine (obtained from the health unit) provided they comply with the MOHLTC information reporting requirements. Health unit staff will develop a paper-based system for their use once the requirements are finally defined. The health unit encourages the participation of physicians and other community health care providers to deliver pH1N1 vaccines and will work with them to comply with all requirements. To accomplish vaccination of the Simcoe Muskoka population in a reasonable time period, SMDHU staff will be redeployed to the vaccine program. This will have significant impact on other public health programs during this period.

Antivirals (no changes since [Sept 18th update](#))

Flu Assessment Centres (no changes since [Sept 18th update](#))

Situation updates are distributed to a broad range of health unit partners including health care professionals, health sector emergency planners, community service providers (including those who work with vulnerable populations), educators and day care providers.