



Health and Social Services
Yukon Communicable Disease Control

October 1, 2009

RE: Update for Yukon Health Care Providers - Pandemic (pH1N1) Influenza Issues

As the influenza season continues to evolve, several of our clinical care guidance documents are under revision. Meanwhile, we would like to draw your attention to the key influenza highlights in the following points below. This information will continue to be revised and updated as necessary.

SEASONAL INFLUENZA VACCINATION

As a result of national level discussions about the complexities of concurrently running multiple influenza vaccine programs, the possibility of novel 2009 pandemic H1N1 (pH1N1) influenza infections replacing the usual predominance of seasonal influenza, and the potential interaction between seasonal vaccine receipt and pH1N1, we have made the following decisions:

Vaccination against seasonal influenza using the trivalent product (contains the three strains of influenza virus - A/Brisbane/59/2007(H1N1), A/Brisbane/10/2007(H3N2), and B/Brisbane/60/2008) will:

- Be targeted for those aged 65 years and older and residents of long term care facilities beginning October 5.
- For others at higher risk of influenza complications the seasonal vaccine will likely be offered following the November-December delivery and administration of the pH1N1 vaccine (i.e. seasonal trivalent influenza vaccine will be offered to eligible persons in late 2009 or early 2010). More details on this latter offering will be forthcoming.

Given patterns of activity over recent years in Yukon, as well as the past season's experience in the Southern hemisphere and early trends in North America this season, it is considered unlikely that seasonal influenza H3N2 strains will play a major role in influenza illness early in the 2009/2010 season. Thus, delay represents the best balance of benefits, risks and logistics while we focus on preventing pH1N1 illness.

Yukon has thus made a decision to delay the usual broader offering of seasonal influenza vaccination. To elaborate on the possible interaction between seasonal vaccine and H1N1 disease, preliminary research findings suggesting that prior receipt of seasonal vaccine was associated with moderately increased likelihood of pH1N1 illness (odds ratio approximately 2) during the spring/summer 2009 in Canada. Although this association has not been linked to more severe disease or found in other countries and study methods are still undergoing scientific peer review, expert opinion across the country has supported our decision making in this regard. Should patients under the age of 65 request seasonal influenza vaccine prior to receipt of pH1N1 vaccine, they should also be informed of this so they can make an informed decision.

pH1N1 INFLUENZA VACCINATION

pH1N1 vaccine is anticipated to be available in both adjuvanted and non-adjuvanted formulations in November and possibly earlier. As soon as an exact date of availability is known we will let both health care providers and the public know. Non-adjuvanted vaccine will be available for pregnant women and children under three years of age. Even though the likelihood is that adjuvanted vaccines would be safe in these people, there is still a lack of specific clinical trial data to justify administering adjuvanted vaccine as long as non-adjuvanted vaccine is available.

Enough vaccine is anticipated to be available to immunize all Yukon populations including both those who need and want to be vaccinated.

Groups at a high priority to target and are anticipated to benefit most from immunization, as well as those who care for them, include:

- 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
- Aboriginal peoples
- health care workers
- household contacts and care providers of infants < 6 months of age and persons who are immunocompromised

Others who would benefit from immunization and who are encouraged to be vaccinated include:

- People over age 65 and long-term care residents
- Children 5-18 (inclusive) years of age
- First responders
- Adults 19-64 (inclusive) years of age

TESTING FOR pH1N1 FLU VIRUS

Most adults and children with pH1N1 will have typical influenza-like illness. Nearly all children are infected with a number of different viruses during winter and pH1N1 is another with similar signs and symptoms.

Test ONLY to support appropriate treatment, in the following manner:

- **Patients who are NOT at high risk for complications, with typical (i.e. mild) influenza-like illness who request testing, should be advised that testing is not necessary, and that they should rest at home until feeling well enough to return to work or school (see notes on return to work/school below).**
- Testing by nasopharyngeal swab is recommended for cases of influenza that have risk factors for complications and for whom you are considering antiviral treatment, as well as for those with severe illness requiring hospitalization.
- As antiviral medications are most effective when started early, treatment decisions in the community should not wait for the results of laboratory testing if performed, but should be made based on the severity of symptoms and/or the presence of risk factors.

Please continue to order your testing supplies accordingly from the Whitehorse General Hospital Laboratory.

See the most current guidelines on specimen collection for further details

Sentinel Physicians and Community Health Centres Participating in FluWatch

Testing for Surveillance Purposes:

In addition to your continued reporting of ILI cases to FluWatch (one day per week, usually your busiest) we request the following testing be performed for surveillance purposes:

- The same day you are collecting your ILI information for submission to FluWatch, please obtain a swab from a subset of patients you have seen that day (must fit the criteria for ILI)
 - Swab up to one to two persons per age category (0-4), (5-19), (20-64), and 64+ and aim for about 2-4 swabs collected over that day.
- A nasal swab is adequate when swabbing only for surveillance purposes (NP swab is still indicated for those individuals as outlined in the testing section above)

ANTIVIRAL TREATMENT FOR pH1N1 FLU VIRUS

If you are considering antiviral use, please continue to report the case to MOH. There have been no changes to current dosing guidelines.

As a reminder, if influenza is strongly suspected based on clinical presentation, antiviral use should be considered for the following patients:

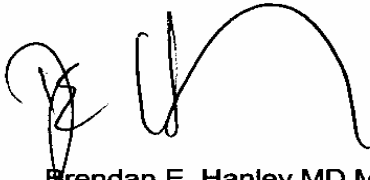
- All patients (including children) with moderate to severe clinical influenza-like illness regardless of whether they are admitted to hospital; (more precise recommendations in deciding thresholds for treatment will be forthcoming shortly).
- Patients with milder illness who may be at higher risk for subsequent complications, including:
 - Pregnant women
 - Children under the age of 2 years
 - People aged 65 years and over
 - Adults and children with chronic health conditions including cardiac or pulmonary disorders (including bronchopulmonary dysplasia, COPD, cystic fibrosis and asthma), hepatic disease, renal disease, blood disorders, diabetes and other metabolic diseases, neurologic and neurodevelopmental disorders, cancer, immunodeficiency or immunosuppression, conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration
 - Severe obesity
 - Other considerations: Those of First Nations ancestry, as certain jurisdictions in Canada have seen more severe disease within this population. This is a factor to enter into individual clinical decision making, but should not be seen as a definitive risk factor in itself.

Influenza and Return to work/school recommendations

For the general public (not including health care workers) they can be advised to return to work/school settings once they are symptom free and able to participate in all usual daily activities.

For health care workers, our current recommendations are to remain home for 7 days from the onset of symptoms or for 24 hours after symptoms have ended, whichever is the longest period of time.

Signed;



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