

H1N1 INFLUENZA UPDATE

October 6 Addendum

- The "pre-qualification" process referred to in this update does not refer to the seasonal, trivalent influenza vaccine.
 - The seasonal, trivalent influenza vaccine will be provided to Toronto physicians, by the Ontario Government Pharmaceutical and Medical Supply Service as per the usual process.
 - The Ministry of Health and Long-Term Care has advised public health units that the pH1N1 vaccine will be made available to physicians as well as specified health care facilities. Details of unique requirements for the administration of pH1N1 vaccine will be communicated once finalized, including any pre-qualification requirements.
 - The specific details of the pH1N1 vaccine administration program has not yet been finalized. The Ministry is currently working directly with stakeholders to develop a process for physicians and other healthcare providers to obtain the pH1N1 vaccine for administration to their patients.
 - At this time, Toronto Public Health does not have any further information about the vaccine administration program, including issues related to pre-qualification.
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- For current information on influenza activity, including weekly statistics on Toronto cases, visit the health care provider H1N1 webpage at www.toronto.ca/health.
- For questions and concerns, please call the Provincial Health Care Provider Hotline at 1-866-212-2272.
- Report lab-confirmed cases and suspect outbreaks to Toronto Public Health at 416-392-7411 or fax 416-392-0047 (Monday to Friday, 8:30 to 4:30) or 416-690-2142 (After Hours).

INFLUENZA ACTIVITY

As of the week ending September 26, Toronto surveillance data do not yet show a clear increase locally. However, influenza activity appears to be increasing in Ontario. The Ontario Public Health Laboratory reports that more specimens are being submitted for influenza testing and the proportion of tests positive for influenza increased from 1% early last week to 14% on Friday September 25. All were Influenza A, with 8/9 subtyped cases being pH1N1 (the pandemic Influenza A H1N1 strain) and one travel-related H3N2 case. (Although this one-day high positive rate has not been repeated since, the number of H1N1 reports across the province is starting to grow.)

The Ontario Public Health Laboratory is currently subtyping all Influenza A isolates in order to determine whether the pH1N1 strain dominates and the patterns of antiviral resistance. To date there has been no evidence that the virus has mutated and resistance to Oseltamivir/Zanamivir is rare.

Please be alert for influenza-like-illness (ILI) in your practice. When seeing a patient with ILI, use droplet contact precautions with a fit-tested N95 mask (or surgical mask if N95 not available).

Later this week, the Ontario Ministry of Health and Long-Term Care is expected to release an updated clinical guidance document, which will provide testing and treatment information.

IMMUNIZATION

This year will be a "different" flu season. There will be two influenza vaccines available as outlined in the following chart:

Timing	Vaccination	Individuals who will benefit	Delivery
Phase I Starting in October 2009	Seasonal (Trivalent) Influenza	Ontarians ≥ 65 ; long-term care home residents of any age	Physicians, long-term care homes, Public Health
Phase II Starting in November 2009	pH1N1 Influenza	All Ontarians 6 months of age and older	Public Health, pre- qualified physicians*, hospitals, long-term care homes
Phase III Starting in December 2009/January 2010	Seasonal (Trivalent) Influenza	Ontarians 6 months to 64 years of age	Physicians, hospitals, Public Health, pharmacy clinics, workplaces etc.

Seasonal influenza vaccine (containing an A/Brisbane/59/2007 (H1N1)-like strain, an A/Brisbane/10/2007 (H3N2)-like strain, and a B/Brisbane 60/2008-like strain) will be delivered to your office as usual through the Ontario Government Pharmacy.

pH1N1 influenza vaccine will be available in two forms: Unadjuvanted vaccine recommended for pregnant women and young children (likely under three years of age), and adjuvanted vaccine for everyone else. The Public Health Agency of Canada recommends that those who will benefit most from the vaccine receive it first (pregnant women, healthy children from 6 months to 5 years of age, those with chronic underlying health conditions, health care workers, household contacts and care providers of persons who cannot be immunized or who may not respond to vaccines, followed by everyone else. Hospitals and other health care institutions will administer the vaccine to their staff and patients.

We recognize that there are logistical issues with the distribution of the pH1N1 vaccine. The provincial government has indicated that they will require health care providers who wish to obtain the pH1N1 vaccine for their patients to sign a prequalification agreement* and submit detailed data to the local public health unit on a weekly basis. There are ongoing discussions regarding this. In addition, the adjuvanted vaccine will come in 10-dose vials which, once the antigen and adjuvant are mixed, must be used within a 24-hour period. Although we very much hope that you will be able to provide this service for your patients, TPH is also planning to hold public immunization clinics in ten TTC-accessible locations across the city. At these clinics TPH will be able to immunize up to 50% of the city's population in a six-week period with one dose of the vaccine. It is not yet known whether one or two doses will be required, but current information indicates that two doses may only be required for children under nine years of age. We are awaiting further clarification from the Province on these issues.

October 5, 2009

INFLUENZA ASSESSMENT AND TREATMENT

With the anticipated increase in ILI, we continue to encourage the public to stay at home if ill, call TeleHealth, or go to their physician if they are pregnant or have underlying health conditions.

The expectation is that primary care providers will modify their practice to increase capacity to see flu patients:

- Defer annual check-ups and other non-urgent visits.
- Try to extend your office hours and see ILI patients at the end of the day.
- Ensure good infection control in your practice.
- Implement ILI screening, over the phone and on entry to your office.
- Place patients with ILI in an examination room as soon as possible or put a surgical mask on them if it can be tolerated.



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