

Summary of Immunization Recommendations:

On October 21, an adjuvanted vaccine for H1N1 was approved by Health Canada. Vaccinations in BC started the week of October 26. A non-adjuvanted vaccine is expected by mid-November.

The Public Health Agency of Canada has identified groups who will benefit most from immunization and those who care for them, and groups who will also benefit from immunization.

The H1N1 vaccine will be available in British Columbia in a phased approach. Initially, those who would most benefit and those at highest risk are recommended to receive the vaccine first. This includes:

- A) pregnant women, and
- B) those under 65 with chronic medical conditions such as lung, heart, kidney disease, diabetes, or who are immunosuppressed.
- C) People residing in remote and isolated communities with limited access to health care.

In the next phase additional doses will be focused on the following additional groups:

- children between six months to under five years of age,
- household contacts of babies less than six months old and of immunocompromised people.
- health care workers, including office-based physicians and staff, on a priority basis at their workplace with those delivering critical care and front-line services as a first priority.

Healthy British Columbians are asked to let those at high-risk be immunized first, in order to ensure the most vulnerable are protected.

Special Considerations for Pregnant Women (Public Health Agency of Canada):

A. Unadjuvanted Vaccine

Unadjuvanted vaccine is considered the preferred option for pregnant women, given that there is extensive experience regarding the safety of unadjuvanted seasonal influenza vaccines in pregnant women and there are currently no data on the safety of the adjuvanted pH1N1 vaccine in this group. This recommendation is made as a precaution for this population, given the potential concern of pregnant women about receiving a newly developed adjuvanted vaccine during their pregnancy.

Unadjuvanted vaccine may be administered at any stage of pregnancy.

B. Adjuvanted Vaccine

Clinical data on the use of the adjuvanted pH1N1 vaccine in pregnant women are not

currently available. However, for women at higher risk of complications of pH1N1 infection, this formulation should be considered if unadjuvanted vaccine is not available.

The following recommendations apply if pH1N1 activity is increasing or high in a particular region of Canada and the unadjuvanted vaccine is not available

Pregnant women 20+ weeks gestation

Women **should be offered** adjuvanted vaccine.

Rationale: The risk of severe pH1N1 disease increases in the latter half of pregnancy, particularly in the third trimester. Where pH1N1 activity is increasing or high, the potential benefits of the vaccine for the mother (and, as a result, her unborn fetus) outweigh theoretical risks to the fetus.

Pregnant women less than 20 weeks gestation

Pregnant women less than 20 weeks gestation with chronic health conditions:

Adjuvanted vaccine **may be considered** in women with underlying conditions that place them at higher risk of complications from pH1N1 infections.

Rationale: People with chronic health conditions are at higher risk of complications from pH1N1 infections. Consequently, pregnant women with chronic health conditions have two important risk factors for severe outcomes and thus are a high-priority group for immunization. Although the effects of the adjuvanted vaccine in early pregnancy are not known, the potential for the development of severe pH1N1 disease in women with underlying health conditions is significant and outweighs any undefined theoretical risk from the vaccine.

Healthy pregnant women less than 20 weeks gestation: There is **insufficient evidence to recommend for or against** the use of adjuvanted vaccine. The risk of complications from pH1N1 infection is lower than it is in the second half of pregnancy. Women should not be denied vaccine if they want it, based on informed consent; however, they may elect to wait until an unadjuvanted vaccine is available.

Co-administration with seasonal flu and pneumococcal vaccines:

The A/H1N1 vaccines may be co-administered with seasonal influenza vaccine to people eligible for seasonal influenza, as well as with pneumococcal vaccines. Those who do not wish to receive both pandemic and seasonal influenza vaccines at the same visit should receive the pandemic vaccine first, as seasonal strains are not circulating in BC at this time but pandemic virus activity is high.

Web links providing timely and accurate information:

Immunize BC: <http://www.immunize.bc.ca>

Ministry of Healthy Living & Sport H1N1 site: <http://www.gov.bc.ca/h1n1/index.html>

Public Health Agency of Canada H1N1 Flu Virus: <http://www.phac.gc.ca/alert>

