

## **H1N1 Flu Vaccine and Immunization**

### **1. How many doses of H1N1 vaccine has the province ordered?**

Initially, Ontario had ordered enough vaccine to immunize 75 per cent of the population with two doses for a total of 19.5 million doses.

Now that we know that one dose is required for people age 10 and above and two half doses for children under the age of 10, the ministry will be revising this number downward. We will be able to provide you with a final figure in the next few days.

In the meantime, it is important to remember that there will be enough vaccine for every Ontarian who wants and needs it.

### **2. The Federal government has just announced that the H1N1 vaccine is authorized for use. When is Ontario expecting to get its first shipment?**

Ontario's first shipment of 722,000 doses of adjuvanted vaccine was received on October 17th. This vaccine is being shipped to the 36 health units. A significant portion of the first shipments of vaccine will be delivered to the northern health units. This is because of the wide geography to be covered, transportation challenges and unpredictable weather. At the same time, the remaining vaccine shipment will be delivered to all other health units.

### **3. How long will it take to get Ontario's entire shipment of vaccine?**

Ontario will be receiving vaccine on a weekly basis until the amount of vaccine that was ordered has been received. Quantities may vary as vaccine lots are approved and released by the federal regulator.

### **4. When will the vaccine be available to the public?**

H1N1 immunization clinics (with adjuvanted vaccine) will start in Ontario during the week of October 26. However, as the vaccine will arrive in shipments over time, immunizations will start with people who will benefit most from the vaccine.

That means that beginning the week of October 26, adjuvanted H1N1 immunization will be offered to:

- People 65 and under with chronic conditions
- Healthy children 6 months to under five years of age;
- People living in remote or isolated communities;
- Health care workers; and
- Household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines

**5. What about pregnant women?**

Ontario is recommending that all pregnant women with pre-existing health conditions and healthy pregnant women in the second half of their pregnancy (more than 20 weeks) should speak to their health care provider about receiving the adjuvanted vaccine. Healthy pregnant women in the first half of their pregnancy are at less risk of complications from the flu, and should wait to receive the unadjuvanted vaccine, when it is available.

The WHO's Strategic Advisory Group of Experts (SAGE) recommended in July that pregnant women should receive non-adjuvanted vaccine where possible, but that an adjuvanted vaccine could be used if necessary.

**6. Why is the unadjuvanted vaccine not available sooner?**

This is a question that you should direct to the federal government since it is responsible for vaccine procurement and has the contract with Canada's vaccine supplier.

**7. If you do not get your entire shipment until December won't it be too late?**

We are rolling out our immunization program as quickly as we can. Immunization is the best protection against the influenza infection and Ontarians are encouraged to get the H1N1 vaccine to protect themselves and their families.

**8. The federal government announced that the vaccine is approved for use today. Why can't you start immunizing people sooner than next week?**

The vaccine must first be repackaged and shipped to all the health units. This will take a few days and could not be initiated until the federal government authorized the vaccine for use.

The health units have been planning their clinics. However, they could not make final arrangements until the federal government authorized the vaccine for use. Local advertising will notify people about immunization clinics in their area. This will take a few days. We encourage the public to check information on the ministry website for frequent updates..

**9. Where should people go to find out where and when to get immunized?**

Local public health units are preparing and finalizing plans to deliver the vaccine. As clinics become available, they will be listed on our website: [www.ontario.ca/flu](http://www.ontario.ca/flu). Alternatively, the public can call ServiceOntario INFOLine at 1-800-476-9708 or contact their local public health unit.

**10. Will seniors leaving the country for the winter be able to get the vaccine?**

People preparing to leave the country for the winter should contact their family doctor to inquire about receiving both the seasonal and H1N1 vaccine.

**11. Will Ontario reimburse people who go to the U.S. for the winter and get their H1N1 flu shot there?**

No. The government of Ontario is encouraging people to receive influenza vaccine before they leave Ontario. People who are searching for influenza vaccine in another country should check with their insurance provider to be sure they can be reimbursed when they return. Access to vaccine outside Ontario and Canada may be limited due to the supply purchased by other countries and recommendations for who can receive the vaccine.

**12. Ontario is getting an adjuvanted H1N1 vaccine. What does that mean and is it safe?**

There are two parts of an adjuvant vaccine: the antigen and the adjuvant. Antigen is the active ingredient in the vaccine that provides protection against the virus.

An adjuvant is an additive that improves the immune response of the vaccine. Adding an adjuvant to the vaccine also allows for more doses of the active ingredient - which is the antigen - to be distributed. This is a dose sparing approach allowing a larger amount of vaccine to be produced and still be effective. Adjuvant-based vaccine also has the potential to provide better cross-protection against other flu strains.

The adjuvant in Canada's H1N1 vaccine is made up of natural ingredients such as water, oil and vitamin E.

The World Health Organization (WHO) has urged the use of dose-sparing formulations that use an adjuvant to maximize the amount of antigen required, permitting more vaccine to be available across the globe.

Ontarians can be confident that vaccines are authorized for use by Health Canada only after undergoing rigorous reviews to ensure their safety, efficacy and quality. These are currently being done.

**13. How many doses of the vaccine will people require?**

People age 10 and over will require one dose of the H1N1 vaccine for full immunity, while children under 10 will require two half-doses with a minimum of 21 days apart.

**14. How many doses of the unadjuvanted vaccine will pregnant women need?**

Pregnant women will require one dose of the unadjuvanted vaccine.

**15. Why are pregnant women being offered non-adjuvanted vaccine?**

The WHO's Strategic Advisory Group of Experts (SAGE) recommended in July that pregnant women should receive non-adjuvanted vaccine. There is extensive safety data on the use of non-adjuvanted vaccine in pregnant women and is the preferred option and may be administered at any stage of pregnancy.

The WHO has recommended that if the non-adjuvanted vaccine is not available and there is increasing H1N1 illness in a local jurisdiction, pregnant women in their second and third trimester should discuss receiving adjuvanted vaccine with their healthcare provider.

**16. Will people be able to choose to get the non-adjuvanted vaccine if they are not pregnant?**

At this time, we are reserving the non-adjuvanted vaccine for pregnant women.

**17. Does Ontario believe that the vaccine is safe?**

Yes, the H1N1 vaccine is safe. Immunization is one of the most effective ways to prevent the spread of infectious diseases.

This vaccine has been thoroughly tested and analysed by companies, regulators and Governments around the world, including Health Canada regulators and the Canadian Manufacturer GlaxoSmithKline.

Scientists believe that the H1N1 flu vaccine is just as safe as the seasonal flu shot.

The benefit of immunization – the prevention of serious illness and death – far outweighs any risk associated with being immunized.

The Pandemic Vaccine Task Group (PVTG) – a federal, provincial, territorial group consisting of leading experts in this field - has reviewed the scientific evidence on the use of the H1N1 vaccine.

**18. Are you (Dr. King) going to be immunized with the H1N1 vaccine?**

Yes, I do plan on getting my H1N1 vaccine when it's my turn.

**19. What percentage of Ontario's population do you expect will get the H1N1 flu vaccination? How many people are you hoping will get the H1N1 flu vaccination?**

We are hoping that everyone will get their H1N1 flu vaccine. However, research shows that less than 50% of Ontarians are planning to get the H1N1 flu vaccine. We

strongly recommend that everyone get immunized, especially those that would benefit most from immunization.

**20. Does the H1N1 vaccine contain thimerosal?**

Yes, the H1N1 vaccine does contain thimerosal. Thimerosal is an organic mercury compound that is an effective preservative. It is used in some vaccines and in pharmaceutical and other consumer products, such as cosmetics. First introduced in the 1930s, it prevents bacterial and fungal contamination of these products.

The scientific evidence to date shows no causative link between thimerosal used as a preservative in vaccines results in autism, other neurodevelopmental diseases, or brain damage.

It is important to know that Thimerosal is not Methyl mercury. Methyl mercury is found in the environment and can be found in low levels in water and in the food chain. At higher levels, it can be toxic to people.

Thimerosal is an organic compound and contains ethyl mercury. Ethyl mercury is broken down and excreted much more rapidly than methyl mercury. Therefore ethyl mercury is much less likely to accumulate in the body than methyl mercury (the type of mercury found in the environment). Thimerosal has not been shown to have adverse health effects in the levels found in vaccines.

The National Advisory Committee on Immunization (NACI) - Canada's national committee of recognized experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health - recently reviewed the current scientific evidence on the use of vaccines containing thimerosal and concluded no credible link between thimerosal and autism. Therefore, NACI concluded that there is no reason for vaccine providers or other health care professionals who may counsel individuals regarding immunization to raise any concerns about thimerosal.

**21. The federal government says that it is OK to administer the seasonal and H1N1 vaccines at the same time. Will you be changing your vaccine program to do this?**

It is important to keep in mind that co-administration is being allowed - it is not being recommended. We intend to keep to the plan that we announced on September 24<sup>th</sup>.

There are several reasons for this decision.

First, based on what occurred in the Southern hemisphere, we expect that the H1N1 flu virus will be the main strain circulating in the Northern hemisphere this fall. We have seen evidence of this in Ontario already where there is very little seasonal flu activity. We want to tackle the main flu virus first.

Second, the capacity for health units to store both vaccines and logistical challenges of administering multiple vaccines this season require that we stagger the programs to allow the health units to focus on their work.

Finally, we announced this program on September 24<sup>th</sup>. It has been widely communicated and we don't want to create confusion for the public. We are now in phase two of offering two influenza vaccine programs this year.

Co-administration will allow us more flexibility as we deliver our program and may be appropriate under some circumstances such as for seniors who travel to the U.S. every winter, people going to the Haaj and those at particularly high risk of complications from seasonal flu.

**22. Will individuals have to pay for the vaccine?**

No. The vaccine will be publicly funded.

**23. Who will pay for administering the vaccine?**

The ministry will fund costs related to vaccine administration.

**24. Will enough people be available to administer the vaccine? Who is able to give the vaccine?**

Ontario has experience in delivering large amounts of seasonal flu vaccine through its Universal Influenza Immunization Program (UIIP), which has been providing free influenza vaccine to Ontarians for 10 years as of this fall. Ontario has been working with key stakeholders to plan and implement the health human resources strategy outlined in the Ontario Health Plan for an Influenza Pandemic (OHPIP) as we get ready for a busy fall flu season. Ontario's goal is to deliver H1N1 vaccine to Ontarians as quickly as possible.

**25. Will it be mandatory for health care workers to get immunized?**

The government does not have the legal authority to require mandatory vaccination and to do this would raise concerns with the Ontario Human Rights Code and/or the Charter of Rights and Freedoms.

Policies for immunization of all health care workers are based on the National Advisory Committee on Immunization (NACI) Statement of Influenza Vaccination that is supported by the ministry.

The ministry has worked with health care stakeholders to develop influenza surveillance protocols for the hospital and long-term care home sectors. According to these protocols unimmunized health care workers are to be excluded from working in

the hospital or long-term care home during an outbreak of influenza, unless they agree to be immunized and/or take the appropriate antivirals during the influenza outbreak.

**26. Are school-based vaccination programs under consideration?**

The public health units are responsible for determining the best way to immunize the people in their catchment area. They are finalizing the logistics of vaccine distribution and delivery, specific to their jurisdiction. This may be different from one health unit jurisdiction to another.

**27. Will H1N1 clinics be offered in workplaces?**

The public health units are responsible for determining the best way to immunize the people in their catchment area. They are finalizing the logistics of vaccine distribution and delivery, specific to participating in the H1N1 immunization program in their jurisdiction.