



**To:** Ontario First Nations Communities

**From:** First Nations Inuit Health - Ontario Region

**Subject:** **H1N1 Update and H1N1 vaccine information shared during zone teleconferences**

**Date:** October 28, 2009

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### **Epidemiology Update**

The provincial Chief Medical Officer of Health, Dr. Arlene King, has confirmed that the second wave of H1N1 is now in Ontario. More people are visiting their healthcare providers with influenza-like illness and more people are being hospitalized with complications from the flu. Province-wide, there are currently 31 hospitalizations due to H1N1. The average age of people who have lab-confirmed H1N1 is 18 years, the average age of hospitalization is 28 years, and the average age of death (though rare), has been 57 years.

Cases of H1N1 have remained stable for many weeks on reserve but an upswing was noted last week. As of October 26, ten new cases of laboratory-confirmed H1N1 cases have been reported in eight communities in three zones (Moose Factory, Thunder Bay and South).

### **Recommended Actions**

#### **1. Continue to emphasize importance of infection control measures**

- Proper hand cleaning is the best way to guard against the flu and to limit spread of the virus. Flu viruses can live on hands for up to five minutes and on hard surfaces such as telephones for up to two days. Wash your hands frequently and thoroughly with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw the tissue out. Cough into the upper sleeve if you do not have a tissue.
- Stay home when you are sick. People should avoid large crowds where the virus can spread quickly.
- Keep common surfaces clean and disinfected with common household cleaners.

- 2. An influenza self-assessment tool has been developed by the province to assist patients in determining when they should seek medical care.** The link can be found on the First Nations pandemic website at [pandemic.knet.ca](http://pandemic.knet.ca)



**Residents in remote/isolated communities:**

All persons with influenza-like-illness, regardless of severity, should seek medical care. Persons with ILI should be prescribed antiviral medication, if indicated. Antiviral drugs have been pre-positioned in all nursing stations.

**Residents in non-remote/non-isolated communities:**

a. Patients with mild flu can stay home and get plenty of rest.

b. Patients should seek medical care if they do not start to feel better after a few days or if their symptoms get worse. They should call their health care provider immediately if they experience flu symptoms and they are :

- pregnant;
- have heart or lung disease;
- have any other chronic health problem that requires regular medical attention;
- are elderly or frail; or
- have an illness or are receiving treatments – for example, for diabetes, cancer, or HIV/AIDS – that might affect their immune system.

c. If a child is suffering from the flu, parents/guardians should seek medical care immediately if his or her symptoms improve and then suddenly become worse. In addition, seek care if the child has any of the following signs:

- fast or difficult breathing;
- bluish or dark-coloured lips or skin;
- drowsiness to the point where he or she cannot be easily wakened;
- severe crankiness or not wanting to be held; or
- dehydration – not drinking enough fluids and not going to the bathroom regularly.

**3. Persons on the following list should receive the H1N1 vaccine as soon as possible:**

- People 65 years *or less* who have a chronic medical condition;
- Healthy children 6 months to under 5 years of age;
- People who live in remote or isolated communities;
- Pregnant women with pre-existing health conditions;
- Healthy pregnant women in their second half of pregnancy (i.e. 20 weeks or more);
- Health care workers;
- Household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines.

## What you need to know before receiving the H1N1 Flu Vaccine

Influenza, commonly known as the flu, is a respiratory infection that is caused by a virus. The H1N1 flu virus is new, so people have little or no natural immunity to it. The H1N1 flu virus spread quickly around the world and in June 2009, the World Health Organization declared an influenza pandemic.

The flu is transmitted from person to person via the respiratory route. Coughs and sneezes release the germs into the air where they can be breathed in by others. Germs can also rest on hard surfaces like counters and doorknobs, where they can be picked up on hands and transmitted to the respiratory system when someone touches their mouth and/or nose.

Symptoms almost always include the sudden onset of cough and fever, commonly include fatigue, muscle aches, sore throat, headache, runny nose and decreased appetite, and sometimes include nausea, vomiting and diarrhea. People of any age can get the flu. Most people are sick for two to seven days, although the cough may last for weeks. The flu can sometimes lead to serious complications, including pneumonia, hospitalization, and even death.

Groups at risk of complications from the H1N1 flu virus include children under five years of age, especially those less than two years old; women who are pregnant; and people with chronic conditions such as heart/liver/kidney disease, blood disorders, diabetes, severe obesity, asthma, chronic lung disease, people with compromised immune systems, and those with neurological disorders.

## Who should get the H1N1 flu vaccine and when?

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Adults and children six months of age and older should get vaccinated to protect themselves and their families from the H1N1 flu virus as soon as it is available. The H1N1 flu vaccine is particularly important for people at risk of complications from the flu and those in close contact with them.

Note: if you are pregnant or think you could be pregnant, tell your health care provider as this may affect the vaccine recommended for you.

## How well will the vaccine protect against the H1N1 flu virus?

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Most people will develop immunity in about 10 days after the H1N1 flu shot. Clinical trials have shown 85% to 98% of healthy adults developed an immune response strong enough to offer protection against the virus.

The vaccine may not work as well in people who have problems with their immune systems or who are taking medication that affects their immune systems, however it is still very important for these people to be vaccinated.

## How safe is the H1N1 flu vaccine?

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Clinical trials from several countries around the world have shown the H1N1 flu vaccine to be safe and effective for protecting yourself against the H1N1 flu virus. The H1N1 flu vaccine is produced in a similar manner to seasonal flu vaccines, which have been used safely and effectively in Canada for many years.

The H1N1 flu vaccine contains an adjuvant, which is an ingredient made of naturally occurring oil, water and vitamin E that boosts the body's immune response and increases the vaccine effectiveness. This same adjuvant was tested in 45, 000 people and did not identify any safety concerns for healthy adults or children. However, the adjuvant was not tested widely in children under three years and pregnant women.

## What are the risks from the H1N1 flu vaccine?

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The H1N1 flu vaccine contains trace amounts of dead virus, so you cannot get infected by the vaccine. The side effects are generally similar to those associated with the seasonal flu vaccine.

Most common reactions after getting the H1N1 flu vaccine were minor and included pain, swelling and redness at the injection site. Other commonly reported reactions were fatigue, muscle and joint pain, and headache. In younger children, a fever, drowsiness, irritability and loss of appetite were also reported in low levels. Serious and life-threatening reactions are very rare.

A more serious illness called Guillain-Barré syndrome (a severe paralytic illness also called GBS) has occurred very rarely after the administration of seasonal flu vaccine. All age groups can be affected but GBS is most common in the elderly population. A variety of infectious agents are also known to be associated with GBS including influenza virus and food-borne pathogens. The risk of suffering GBS as a complication from influenza virus is greater than the risk of getting it as a reaction to the flu shot.



## Who should not get the H1N1 flu vaccine?

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The H1N1 vaccine is not authorized for use in children younger than six months of age.

You shouldn't get the H1N1 vaccine if:

- A) you have had a previous anaphylactic (severe allergic reaction) to any element of the vaccine;
- B) you have a hypersensitivity to eggs (e.g. hives, swelling of mouth and/or throat, breathing difficulty);
- C) you currently have a high fever; or
- D) you have experienced Guillan-Barré Syndrome within eight weeks of receiving a seasonal flu vaccine

If you have had a severe reaction to previous vaccinations, have a bleeding disorder, are taking medication that could affect blood clotting, you should consult a health professional before receiving the vaccine.

**4. Questions from community members** can be directed to:

FNIH's toll free line at: **1-877-365-3623** (9am to 6pm EST seven days a week)

or

FNIH's email: **H1N1-questions-Ont@hc-sc.gc.ca**.