

**Ministry of Health
and Long-Term Care**
**Ministère de la Santé
et des Soins de longue durée**

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TO: FAMILY PHYSICIANS AND PAEDIATRICIANS

RE: SEASONAL UNIVERSAL INFLUENZA IMMUNIZATION PROGRAM (SEASONAL UIIP), 2009-2010 and Update on H1N1 Immunization Program

Dear Doctor:

I am writing to provide you with information about two influenza immunization programs this season - Ontario's 2009-2010 Seasonal Universal Influenza Immunization Program (Seasonal UIIP) and the H1N1 immunization program. The following information will provide you with an overview of this year's program.

Seasonal Influenza Vaccine Supply for the 2009-2010 UIIP Season	
Vaccine Strains	<ul style="list-style-type: none"> • A/Brisbane/59/2007 (H1N1)-like strain • A/Brisbane/10/2007 (H3N2)-like strain • B/Brisbane/60/2008-like strain
Vaccine Products	<ul style="list-style-type: none"> • Fluviral[®] - produced by GSK • Vaxigrip[®] - produced by sanofi pasteur <p><i>These products are both split-virus, inactivated influenza vaccines</i></p>
Thimerosal-Free	Not available through the UIIP
Single Dose Format	Not available through the UIIP

Vaccine Availability

Delivery of seasonal influenza vaccine to all provinces and territories is determined by many factors that include: delivery of seed stock strains to Canada's manufacturers, growth of the recommended strains, vaccine production, clinical trials and release of vaccine lots by the regulatory body of Health Canada known as the Biologics and Genetic Therapies Directorate (BGTD). When all of these systems are working effectively all provinces and territories receive a percentage of their overall influenza vaccine orders for the season in phased deliveries.

Once influenza vaccine lots have been released by BGTD, the two Canadian influenza vaccine manufacturers begin to deliver percentages of requested orders in phases to the provinces and territories. As Ontario does not receive the full quantity of requested vaccine in the initial delivery to Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS), the Ministry of Health and Long-Term Care must ensure that influenza vaccine is distributed fairly to all health unit jurisdictions in the province, and therefore, distributes the vaccine as it is delivered from the manufacturers to the OGPMSS.

This year is a different influenza year in Ontario, requiring 3-phases to immunize against influenza. Health units will be notified when seasonal and H1N1 influenza vaccines are available in Ontario.

a) Phase I – Limited Seasonal Influenza Immunization

In Phase I starting in October, seasonal influenza immunization will be offered to:

- i) people 65 years of age and older living anywhere in Ontario and

- ii) residents of any age of long-term care homes.

The first shipment of seasonal influenza vaccine is expected to arrive at OGPMS on September 28, 2009. As a priority, the seasonal vaccine should be made available to facilities that care for, and/or immunize, these high priority groups.

Immunization clinics may begin as soon as vaccine is available to you. The Ministry is recommending that health care agencies and workplaces complete the prequalification process (this includes pharmacy based clinics) and receive vaccine for clinics immunizing recommended groups only in Phase I. Some clinics, such as workplace clinics will need to be re-scheduled as per Phase III.

b) Phase II - H1N1 Influenza Immunization

The second phase of influenza immunization is the H1N1 vaccine. The H1N1 vaccine is expected to be available in November for whoever needs and wants it.

Because the vaccine will not be available all at one time, a sequenced approach to provide vaccine to groups identified in the National Guidance on H1N1 Vaccine Sequencing document will be offered the vaccine first. Information about sequenced groups can be viewed by clicking on the following URL, Guidance on H1N1 Sequencing available at:
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/vacc-eng.php>

Each local health unit has the authority and responsibility to lead and coordinate the H1N1 vaccine delivery strategy for their jurisdiction. Health units are responsible for determining who in their community will offer H1N1 vaccine. The following groups recommended to receive H1N1 vaccine include, Long-Term Care Homes, hospitals, physicians, health services at universities and colleges, correctional facilities and Community Care Access Centers contracting with one nursing agency.

c) Phase III – Seasonal UIIP Catch-Up Program

After the H1N1 vaccine program has been rolled out, the third phase of the seasonal influenza immunization will be the universal influenza immunization vaccine catch-up program (UIIP).

This program will be offered to the people who normally would receive the seasonal influenza vaccine in a normal flu season.

This program will be available to everyone who is:

- i) 6 months of age and over and who lives, works or attends school in Ontario, and
- ii) anyone 65 years of age and older or living in a LTCH who did not receive the seasonal influenza vaccine during the first phase

This catch-up seasonal UIIP program is expected to occur in December and January.

Seasonal Influenza Immunization Recommendations for the 2009-2010 Season

The NACI *Statement on Influenza Vaccination for the 2009-2010 Season*, has not yet been released at the time of distribution of this document. The NACI Statement will be posted on the NACI website at <http://www.phac-aspc.gc.ca/naci-ccni/> when it is available.

Management of Anaphylaxis

This information is included in the *Canadian Immunization Guide (2006)*, which can be accessed at <http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html>.

Adverse Events Following Immunization (AEFI)

As required under the *Health Protection and Promotion Act*, all AEFIs need to be reported to the local health unit using the Ontario Adverse Event Following Immunization (AEFI) form.

Information Packages

The UIIP package for physicians can be accessed in the health care provider section at www.gettheflushot.ca. The username is **phy** and the password is **mohdoc**.

Cold Chain Inspections

Health units are responsible for assessing conditions and making recommendations regarding cold chain maintenance in premises within the health unit jurisdiction where publicly-funded vaccines are stored. All such premises should be inspected at least once annually for adherence to the minimum requirements according to the Ministry's *Vaccine Storage and Handling Protocol, 2008 (or as current)*. The protocol can be accessed online at

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/vaccine_storage_handling.pdf.

OHIP Billing for Seasonal Influenza Vaccine Administration

It is essential that the Ministry captures specific data on influenza immunization, for purposes of program evaluation. Therefore, **when billing OHIP, please select OHIP billing code G591 (for influenza immunization only) or OHIP billing code G590 (influenza immunization with visit)**, rather than the 'general' immunization billing code G538 (for immunization with visit) or billing code G539 (immunization only). The fees are identical for both the "influenza" and "general" billing codes.

Physicians are encouraged to review pages GP46 and PG47 of the *Schedule of Benefits for Physician Services* (http://www.health.gov.on.ca/english/providers/program/ohip/sob/physerv/physerv_mn.html) prior to holding immunization clinics. Physicians who have concerns regarding these requirements or have additional questions should contact their local OHIP district office.

Influenza Vaccine Ordering Process

Health units and OGPMS are responsible for determining the local distribution of initial allotments of the influenza vaccine to physicians and other community stakeholders, based on the recommendations from the Ministry.

Vaccine Returns

Spoiled or expired vaccine should always be returned to your local vaccine supply source (local health unit or OGPMS).

Should you or your staff have any questions or concerns regarding the seasonal UIIP, please contact your local health unit.

Sincerely,

for
Erika Bontovics, MD, FFPH, CIC
Manager
Prevention and Control Section
Public Health Protection & Prevention Branch

Enclosures

C: VPD Program Managers, Health Units
R. Basur, (A) Manager, OGPMS, Customer Service

