

PANDEMIC INFLUENZA

Medical & Practitioner Staff Bulletin #5 Sunday November 1st, 2009

Dr. Penny Davis (SRMA) & Dr. David Poulin (SHR)

Dr. Ross Findlater,
Deputy Medical Health Officer

pH1N1 and Pregnancy

As of October 28, rates of transmission of pH1N1 in Saskatoon are climbing. Unadjuvanted vaccine, which is the preferred product for pregnant women, is not yet available. In the period before it is available we are recommending the approach described below. Once adjuvanted vaccine is available, it will become the standard. An Australian version of unadjuvanted vaccine will likely be available here earlier than the Canadian supply manufactured by GSK. It will not be here within this week. There will be a national guidance document on this issue on the Public Health Agency of Canada website within the next few days, but questions have come up repeatedly each day since the pH1N1 vaccine has become available.

For pregnant women more than 20 weeks (including the first four weeks post partum):

- We recommend adjuvanted vaccine now rather than wait for the unadjuvanted.
- When unadjuvanted vaccine is available, switch to that as the routine.

For pregnant women 20 weeks or less:

- In the period before unadjuvanted vaccine is available; they should not be denied adjuvanted vaccine if they wish to get it after a specific risk benefit discussion with their health care provider.
- The presence of chronic health conditions is an important additional risk factor in that risk/benefit discussion.
- They will routinely get unadjuvanted vaccine once it is available.

A reminder about the pH1N1 vaccine program:

- There is a limited supply of vaccine which is continuing to constrain the program.
- We are attempting to match the way we are distributing the vaccine with the amount that is coming in.
- The week of October 26 was aimed at health care workers.
- Beginning the week of November 2nd, the current plan is to target children 6 months to less than five years, and pregnant women initially; this will expand over time to include other risk groups.
- With the limitations in vaccine supply, the date on which we can provide it for use in physician office practices is uncertain and we will have to update you in future bulletins. It will not be the week of November 2nd and is unlikely to be the week of November 9th.
- Problems with vaccine supply may result in the need for further adjustment of the program.

Background information:

- Pregnancy increases the risk of hospitalization and of severe outcomes (ICU admissions or deaths) by four to five fold, although the absolute risk remains small.
- Severity of pH1N1 infections in pregnancy is related to stage of pregnancy, with two thirds of hospitalizations occurring in the third trimester. The risk in the first trimester is similar to that of the general public.
- The unadjuvanted vaccine is our usual product and has a long track record of safety, including use during all stages of pregnancy.
- There have not been identified problems with the use of adjuvanted vaccine in pregnant women, but there is no specific safety data available. The similar squalene based adjuvanted vaccine used in Europe since 1997 was licenced for use in the elderly.
- Sensitivity to teratogenicity is primarily during early pregnancy and there is not yet enough evidence to document safety in that sensitive period. There is no human evidence to suggest that there is a risk. The package insert does mention that there are inconsistent abnormalities in some animal data of uncertain significance.
- The most common side effect of the adjuvanted vaccine is a sore arm, which is more common than with seasonal influenza vaccine. Other transient and minor side effects occur similar to those for seasonal influenza vaccine (headache, muscle pain and fatigue). They may be somewhat more common than with the regular seasonal influenza vaccine.
- Package insert:
<http://www.hc-sc.gc.ca/dhp-mps/prodpharma/legislation/interimorders-arretesurgence/prodinfo-vaccin-eng.php>
- Public Health Agency of Canada (PHAC) guidance document:
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/pdf/monovacc-guide-eng.pdf>

Clinical Management:

- Additional clinical advice on H1N1 and pregnancy can be found at the Society of Obstetricians and Gynaecologists of Canada (SOGC) web site:
<http://www.sogc.org>
- A number of tips and suggestions have been received from practices in the area. Obviously, office and clinic circumstances vary widely, therefore these ideas will not always be possible or practical:
 - ❖ Have masks and waterless hand cleanser available at reception for patients presenting with ILI symptoms.
 - ❖ Clear toys and books from children’s play area and use it as segregated waiting space for ILI patients.
 - ❖ Use a “clean” examining room as a waiting area for pregnant and higher risk patients without ILI.
 - ❖ Book antenatal, postnatal and well baby visits as first morning appointments, before ILI patients arrive.
 - ❖ Whenever possible, patients with ILI symptoms are not be booked to see physicians or practitioners who are currently pregnant and not yet immunized.