



British Columbia's H1N1 Pandemic Influenza Response Plan (2009)

Pandemic H1N1 Immunization Programs

December 4, 2009

PANDEMIC H1N1 INFLUENZA IMMUNIZATION

Both adjuvanted (Arepanrix™) and unadjuvanted pandemic H1N1 vaccines are available in British Columbia.

All British Columbians for whom vaccination is not contraindicated are eligible to be immunized.

These inactivated split virus influenza vaccines are made by GlaxoSmithKline (GSK). The manufacture of both vaccines is based on the same process used for seasonal influenza vaccine, which includes eggs; therefore **anaphylaxis to eggs is a contraindication** to receipt of either vaccine. Both vaccines are given by the **intramuscular** route. A given recipient should receive only one of these vaccines, and not both.

VACCINE DETAILS

The two pH1N1 vaccines contain the A/California/7/2009 (H1N1)v-like antigen, and are:

1. **Arepanrix - the adjuvanted pH1N1 vaccine**

- This vaccine requires mixing by withdrawal of all the adjuvant, a milky white substance in the smaller of the two vials, and injecting it into the larger vial containing the antigen, which is clear.
- The resulting whitish vaccine will be ten 0.5 ml doses or twenty 0.25 ml doses
- After mixing, record the time and date of mixing onto the vaccine vial; this vaccine must be used within 24 hours as stability cannot be assured beyond that time.
- Also record on the vial the lot number of the mixed product, which is located on the bubble wrap label or the outer shoebox

- Children between 6 months of age and under 3 years of age should receive two half-doses of adjuvanted pH1N1 vaccine, administered at least 21 days apart.
- Children with chronic health conditions who are between 3 and 9 years of age should receive their first half-dose of the H1N1 flu vaccine as soon as possible. They should also receive a second half-dose of the pH1N1 vaccine. The interval between the two half-doses should be a minimum of 21 days.
- Healthy children between 3 and 9 years of age should only receive a single half-dose of the H1N1 vaccine, and do not need to return for a second vaccine for now. This recommendation may be updated as more information becomes available.

2. **Influenza pH1N1 2009 Monovalent vaccine (without adjuvant)**

- A single 0.5 ml dose should be given to pregnant women.
- People age 10-64 may also receive this vaccine.

SPECIAL CONSIDERATIONS

Co-administration with seasonal flu and pneumococcal vaccines:

The pH1N1 vaccines may be **co-administered with seasonal influenza** vaccine to people eligible for seasonal influenza vaccine, as well as with pneumococcal vaccines. The pH1N1 vaccines should be given in a separate limb from that used for other vaccines. Those who do not wish to receive both pandemic and seasonal influenza vaccines at the same visit should be advised to receive pH1N1 vaccine first, as seasonal strains are not circulating in

B.C. at this time but pandemic virus activity is high.

Pregnancy

Unadjuvanted vaccine should be preferentially offered throughout pregnancy. There are no known risks of using adjuvanted vaccine in pregnancy, and the recommendation to use unadjuvanted vaccine preferentially is precautionary due to insufficient data.

If unadjuvanted vaccine is not available and rates of pH1N1 influenza are high or increasing in the community, women more than 20 weeks pregnant and all pregnant women with chronic disease should be offered 1 dose of adjuvanted vaccine.

Children under 6 months of age

Neither vaccine should be given to children younger than 6 months of age.

Adverse events

Both vaccines are associated with local site reactions such as pain, redness and swelling at the injection site. Pain at the injection site is very common with the adjuvanted vaccine. There may also be tender swelling in the regional lymph nodes such as axillary or supraclavicular following deltoid injection. Systemic adverse events such as myalgia, headache and fatigue are also reported among recipients, and are more common following the adjuvanted vaccine. These events should resolve in a few days. Do not report such events as Adverse Events Following Immunization.

Do report severe or unusual events, and events requiring medical attention or hospitalization that you believe to be associated with receipt of these vaccines. Report to your local health unit/ medical health officer using the [British](#)

[Columbia Adverse Events Following Immunization Reporting Form](#)

Early reports from B.C. health providers and those in other Canadian jurisdictions indicate that serious allergic events i.e. anaphylaxis may occur at a rate of around 1 per 100,000.

Additional reference materials

Please review the Instructional Slide Set for Immunizers and the accompanying Questions and Answers posted on the Provincial Health Officer website for physicians and at the [Health Professionals section](#) of www.immunizebc.ca for Immunizers prior to administering these vaccines as these documents contain additional information about recommended recipients, injection equipment, the adjuvant and the safety profile of these vaccines. These instructional materials will be updated on an ongoing basis. Please check back frequently for updates.

Product leaflets

The product leaflets are posted on the Provincial Health Officer website for physicians.

