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Dear Pharmacists:

Re: Availability of Pandemic H1N1 Vaccine Between Now and Fall 2010

Adjuvanted vaccine: As noted in the Health Canada advisory dated April 9, 2010, unused adjuvanted pandemic H1N1 (pH1N1) vaccine (Arepanrix®) now has a shorter provisional expiry date (revised from 18 months to 6 months). British Columbia physicians and pharmacists are asked to subtract 12 months from the stated expiry date (i.e., the unused adjuvanted vaccine expires 12 months sooner). This revision is not safety-related, but due to a decline in the strength of the H1N1 antigen in specific lots. As per Health Canada, all vaccinations performed to date using adjuvanted pH1N1 vaccine have provided patients with a sufficient immune response against pH1N1 infection.

There are many thousands of doses of unused adjuvanted vaccine with a revised expiry date of May 31, 2010, available at the BC Centre for Disease Control. Until the end of May, physicians and pharmacists can order this vaccine through the public health unit of the health authority as usual. There will be no unexpired adjuvanted pH1N1 vaccine available in the province after May 31, 2010.

Unadjuvanted vaccine: The revision in the provisional expiry date of adjuvanted pH1N1 vaccine does not affect the unadjuvanted product (i.e., the expiry date for the unadjuvanted product remains at 18 months). After May 31, 2010, physicians and pharmacists will still have access to the remaining 70,000 doses of unadjuvanted pH1N1 vaccine in the province. The monograph for the unadjuvanted vaccine provides information on the considerations and limitations for use in various age groups and is available at:

www.hls.gov.bc.ca/pho/pdf/pandemic/unadjuvated_h1n1_product_leaflet.pdf.

It is anticipated that the forthcoming unadjuvanted seasonal trivalent influenza vaccine (TIV) will contain pH1N1 antigen as a component. This seasonal TIV is expected to be available towards the end of September for the regular influenza season.

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Expected H1N1 activity before fall 2010 and patient care: According to Canadian expert opinion, the likelihood of a third pandemic wave attributable to pH1N1 prior to this fall is low, although sporadic cases of pH1N1 continue to occur and small localized outbreaks are possible in under-immunized or non-immune communities. Although it is impossible to predict, an early fall wave of pH1N1 virus is also possible given the atypical seasonality this virus has demonstrated to date.

Therefore, if physicians and pharmacists have susceptible high-risk patients who have not yet received a pH1N1 vaccine, they may wish to discuss with those patients the option of being vaccinated. The definition of susceptible high risk patients was included in previous Ministry communications and is provided in the HealthLink BC file at:

www.healthlinkbc.ca/healthfiles/pdf/hfile108b.pdf.

Sincerely,



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