

UPDATE ON H1N1 FOR CANADIAN RHEUMATOLOGISTS

Information sources:

H1N1 Influenza Center at NEJM website www.nejm.org

Public Health Agency of Canada at www.fightflu.ca

CDC website www.cdc.gov

Ontario Ministry of Health Important Health Notices (IHNs) at <http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

BMJ website at <http://pandemicflu.bmj.com>

The CRA Therapeutics Committee has heard concerns from the CRA Board and individual Canadian rheumatologists regarding the potential impact of H1N1 on our patients, particularly those with compromised immune systems related either to their underlying disease or to their medications, including various immunosuppressant DMARDs, steroids and biologic therapies. Advice has already been provided in the Summer 2009 issue of CRAJ under Hallway Consult. The situation remains fluid, with ongoing controversy about the severity and timing of pandemic influenza, the hierarchy of most vulnerable groups, and the possible shortage of both influenza vaccine and antiviral therapies.

Current information suggests the H1N1 immunization will require 2 doses per person, and will not be available until November 2009. Canadian government data indicates that Canada has contracted with a Canadian vaccine manufacturer, Glaxo SmithKline to eventually have an adequate vaccine supply for the entire population. Stockpiles of antiviral medications also exist, and the manufacturer of Tamiflu indicated recently that tablets of the medication were not in short supply.

Regarding priority for immunization, Canadian recommendations are expected in September. Recent news stories suggest health professionals and others who are key to the country's critical infrastructure are likely to get first access to any vaccine. The job of deciding who is next is in the hands of a vaccine working group as well as a special committee of provincial and territorial chief medical officers of health and their advisers, according to Dr. Theresa Tam, the director-general of infectious disease and emergency preparedness for the Public Health Agency of Canada.

In the meantime, advice solicited by the CRA Therapeutics Committee from Dr. Michael Gardam, a University of Toronto ID expert, is that "In terms of vaccine, immunocompromised patients would be 3rd in line, after healthcare workers and pregnant women."

In the US, the Advisory Committee on Immunization Practices recommended that pregnant women, health-care workers and children six months and older be among those heading the priority list for swine flu vaccine. As well, those first vaccinated should include parents and other caregivers of infants; non-elderly adults who have high-risk medical conditions; and young adults ages 19 to 24.

(<http://www.cdc.gov/media/pressrel/2009/r090729b.htm>)

The protocol for finding and immunizing priority patients is unknown. It may be worthwhile to discuss this issue with your patients as they are seen for regular visits. Such patients might consider reminding their primary care physician of their immunocompromised status, as it is possible that government agencies may ask primary care physicians to identify priority patients from their practices who are candidates for early immunization.

Large private employers and governments are establishing their own pandemic plans for their employees. Conceivably, these could include priority access to antiviral therapies. Patients who work for such employers should be encouraged to seek information about plans in their own workplace for managing a possible pandemic.

"Seasonal" antiviral prophylaxis and "social distancing" ie avoiding crowds are not recommended at present.

Everyone, including immunocompromised patients, should follow good infection prevention measures to help protect themselves and others if the H1N1 virus begins to spread rapidly in Canada.

- Wash your hands often and thoroughly in warm, soapy water or use hand sanitizer
- Cough and sneeze in your arm, not your hand
- Keep common surfaces and items clean and disinfected
- Stay home if you're sick, unless directed to seek medical care

The last point, however, requires clarification for the immunocompromised individual. These patients would be candidates for antiviral therapy if they develop SUSPECT H1N1 given their higher risk and should present ASAP for assessment. If they present late ie >48 hr from onset of symptoms, and are still febrile, they should still be considered antiviral treatment candidates, though the treatment may be less effective in that situation.

The CRA Therapeutics Committee will continue to monitor recommendations from government agencies, as well as the scientific literature. Remember to check the CRA website for important updates, as well as checking the information sources listed above.

Philip Baer
Co-Chair, Therapeutics Committee, CRA

On behalf of Vivian Bykerk, Co-Chair, CRA Therapeutics Committee, and the members of the CRA Therapeutics Committee