



Here is what some health authorities have to say:

On B.C.'s flu vaccine campaign:

B.C. Centre for Disease Control

B.C.'s seasonal flu vaccine campaign will focus first on those at highest risk for seasonal flu and be followed closely by the H1N1 flu vaccine that will be available to everyone who needs and wants it, announced Minister of Healthy Living and Sport Ida Chong with Provincial Health Officer Dr. Perry Kendall.

"Delivering the vaccine campaign in this fashion allows us to best protect British Columbians most at risk from seasonal flu while still ensuring that everyone who needs and wants the H1N1 flu vaccine will be able to receive it as soon as it's available," said Kendall.

On Oct. 13, the seasonal flu vaccine will be offered to people 65 and older, and residents in long-term care homes. A pneumococcal vaccine will also be available at the same time for high-risk individuals (seniors and those with chronic medical conditions) to prevent influenza-related pneumonia.

"This is a decision that has not been taken lightly," said Chong. "It has been assisted by independent ethical review and has undergone thoughtful review and deliberation by public health officials, scientists and policy makers in B.C. and across Canada over the past several weeks."

Starting in November, the H1N1 flu vaccine will be rolled out and will be available to everyone who needs and wants it. Then, in early 2010, the seasonal flu vaccine will once again be offered to everyone else under the age of 65 according to the usual guidelines.

"This year, the predominant strain of seasonal influenza is, in fact, the pandemic H1N1 virus," said Dr. David Patrick, Epidemiology Services Director at the B.C. Centre for Disease Control. "While those people who are 65 and older and who live in long-term care homes should still receive the seasonal flu shot, for the majority of the population, the flu virus they need to protect themselves against is this strain of H1N1."

While British Columbia will follow the guidelines from the Public Health Agency of Canada (PHAC) on which groups would benefit most from being immunized against H1N1, it is not expected that any British Columbians will have difficulty receiving the vaccine in a timely manner. In fact, it's expected B.C. will be capable of delivering the vaccine to everyone who needs and wants it within four to six weeks of it becoming available.

On reports about a preliminary Canadian study showing a possible link between last year's seasonal flu vaccine and the H1N1 virus:

Public Health Agency of Canada

The Public Health Agency of Canada said preliminary data show no link between having a severe bout of pandemic flu and having had a seasonal flu shot last year.

World Health Organization

There is no evidence that people who got seasonal flu shots are more prone to develop severe illness if they catch the new H1N1 virus.

Scientists from the United States, Britain, and Australia have looked at the Canadian data but didn't see the same effect. A number of scientists have speculated that the Canadian study may have some built-in factors that can produce false results. For instance, if people who get flu shots are also more likely to see a doctor if they get sick, that could make it seem like more of them got H1N1 flu when, in fact, the only difference was that more of their illnesses were recorded.



2009-2010

Influenza Vaccination Patient Information

Influenza, also known as the flu, is a respiratory infection, which can cause a person to be ill, sometimes seriously so. It spreads easily and quickly from person to person primarily through coughing and sneezing. Yearly immunization may help to prevent or reduce the seriousness and complications of the flu.

POSSIBLE COMMON SIDE EFFECTS/ ADVERSE REACTIONS

Most people have little or no reaction to the influenza vaccine that is given as an intramuscular injection in the arm, but some people may have adverse reactions as set out below.

Soreness at the injection site lasting up to 2 days is the most common local reaction. Redness, swelling, and bruising have also been reported. Headache, fever, malaise and muscle aches may occur within 6 to 12 hours after vaccination and may last 1 to 2 days. This is more prone to occur in persons who are receiving the influenza vaccine for the first time. If you choose, you may take acetaminophen if you normally take it for fever or pain. It is especially important to not give children aspirin after a flu shot due to a risk of Reye's syndrome. Should these symptoms worsen or persist, it is advisable to see your physician.

Any other prolonged or unusual reaction needs to be reported to a doctor. Allergic/anaphylactic responses are rare and are likely a consequence

of hypersensitivity to some component of the vaccine. This reaction is characterized by hives, swelling of the tongue and lips, and/or difficulty breathing. This is an emergency and requires *immediate* treatment.

Another rare but possible side effect is Guillain-Barré syndrome (GBS), a disease that attacks the nervous system. The chance of this occurring as a result of the flu shot is about one in a million.



Who should NOT receive a flu shot?

People with a serious allergy to: eggs, egg products, any known ingredient of the vaccine, or a previous flu vaccine shot should not receive a flu shot.

When should a flu shot be postponed?

Persons with an active infection or fever, or other acute illness should postpone getting a flu shot.

A flu shot should also be delayed until an active neurologic disease (e.g., muscular sclerosis) has stabilized.

A person with a mild cold may have the flu shot.

Note that one Canadian study has suggested a potential association between prior seasonal flu vaccinations and an increase in the risk of contracting the H1N1 flu virus. More information on this is available in the section on H1N1 flu.

The Facts

The flu shot cannot cause the flu because the vaccine does not contain live virus.

Protection from the flu is usually obtained 2 to 3 weeks after the flu shot is received. This protection lasts for 6 months to 1 year.

You need a flu shot every year to protect you against the different types of flu that arise.

The flu shot causes your body to produce its own protection against influenza virus. After you get a flu shot, your immune system produces antibodies against the strains of virus that are in the vaccine. When you are exposed to the virus, the antibodies will help to keep you from getting sick. If you do get the flu, you may not be as sick.

Persons with weak immune systems and the elderly may not get as much protection as others.



Three influenza vaccines available in Canada provide protection against: A/Brisbane/59/2007 (H1N1)-like strain, A/Brisbane/10/2007 (H3N2)-like strain and B/Brisbane/60/2008-like strain.

It is not known if the vaccine is excreted in human milk. If you are breastfeeding and this is a concern, please discuss this with your physician.

NOTE: The above information is only concerned with the regular seasonal flu vaccination; the vaccination for the H1N1 (swine) flu is a separate vaccine. More information concerning the H1N1 flu virus follows.

H1N1 & Seasonal Flu Vaccine: Get the Facts

This flu season is different than the flu seasons we are used to, because the H1N1 flu virus is complicating the situation. Since the H1N1 flu strain is so new, there is still much that health experts don't know about it. Scientists around the world are working hard to understand it and new information is continually emerging. Some pieces of information may seem to contradict others until scientists can figure out how all of the pieces of the puzzle fit together.

To help you sort out the facts so you can make informed decisions about your own health, London Drugs has prepared this information sheet to assist you in understanding what is currently known about the H1N1 flu strain.

Flu Vaccine Basics

Each year scientists make an educated guess about which strain of the flu virus will be the most common one that year. This must be done well before flu season starts to ensure that there is enough time to create a vaccine, test it for safety and effectiveness, and manufacture enough and have it ready when it's needed.

Since each vaccine is effective against a particular strain of the flu virus, getting vaccinated against one flu strain doesn't provide any protection against other flu strains. That is at the root of the confusion this year, because the H1N1 virus strain causing the current problem first appeared after preparations had already begun on this year's flu vaccine. It now appears that the H1N1 strain will be more prevalent than the virus targeted by this year's seasonal flu vaccine. That puts scientists in the position of having to rush to create a vaccine against the H1N1 strain, test it, and get it into production.

H1N1 versus Regular Seasonal Flu Vaccines

Now that there are two flu vaccines—the regular seasonal flu vaccine and the vaccine against the H1N1 strain—decisions have to be made about how best to deliver them. Should they be given together? If not, which one should people get first—and how long should they wait between shots? Should everyone get both vaccines or are some people more likely to get one type of flu than the other? These are just some of the questions scientists are working to answer.

Complicating the situation even further is some Canadian research that has suggested a potential association between prior seasonal flu vaccinations and an increase in the risk of acquiring the H1N1 flu virus. However, the details of this study have not been published, which means that other scientists have not been able to review the study to evaluate whether it is valid or review the study methodology to see if there were flaws in the study design that might account for its findings. (For example, if the study looked at only those people who had the H1N1 flu and many of them had also gotten a flu shot last year, the apparent "link" could be nothing more than a coincidence.) Until the study is published and fully evaluated, there is no way of knowing if the results are accurate. So far, no other scientists anywhere in the world have found a similar link between the seasonal flu vaccine and the H1N1 flu virus.

You should be aware that there is no standard national approach to flu vaccinations this year. Each province and territory is developing a policy that it believes is in the best interest of its residents. Dr. David Butler-Jones, Canada's chief public health officer, suggests that people follow the vaccination advice from their own provincial or territorial health officer. The B.C. Centre for Disease Control has recommended that unless you are 65 or older or in a long-term care home, you should focus on protecting yourself against the H1N1 flu strain before the regular seasonal flu. One province is making the regular seasonal flu vaccination available before the H1N1 flu shot, while others are providing the H1N1 flu shot before the regular seasonal flu vaccination.



Information about what some health experts have to say about the H1N1 flu appears on the next page.

Personal Decisions

Based on the information currently available, London Drugs is not recommending whether or not you should get the regular seasonal flu shot at this time. We are, however, making the regular seasonal flu shot available to those customers who, after becoming fully informed of the potential risks and benefits, wish to proceed to get it. This is because we believe that our customers are entitled to make their own informed decision concerning this matter of personal health.

So what should you do? Consider all the facts as presently known and decide for yourself about whether the regular seasonal flu shot and/or the H1N1 flu shot is the right health choice for you, now or at a later date.

If you would like clarification on any of this information, please talk to your doctor or a London Drugs pharmacist.