

Dear colleagues:

Thus far, 2009 has indeed proven to be “a different flu season”. The emergence of a novel strain of influenza followed by an unusually late spring wave and early fall wave have made it challenging to meet the needs of our community. Peel Public Health would like to thank all of you who have participated in influenza vaccination this year. As of December 6th, 294,300 doses of pandemic H1N1 vaccine have been delivered to Peel physicians. Your efforts have been essential in vaccinating approximately 20% of Peel residents in only six weeks. The following letter outlines some of the pertinent epidemiology of pandemic H1N1 thus far, what the remainder of the influenza season may bring and the implications for further influenza vaccination.

### **Pandemic H1N1 Influenza**

Young people have been particularly hard hit by the H1N1 pandemic. In contrast to regular flu seasons, 50% of the hospitalizations and 13% of the deaths have been in people younger than 24 years old in Ontario. This is believed to be because of pre-existing immunity in individuals exposed to H1N1 circulating prior to 1957. Given this pre-existing immunity, combined with immunity from infection during the first and second waves of the pandemic as well as vaccination, we estimate that between 40-60% of the population in Peel may now be protected against circulating pH1N1. Therefore, it is highly unlikely that we will see a third wave on the scale of the epidemic we have just seen. However, given that 40-60% of the population may still susceptible, continued transmission of pH1N1 is likely. We therefore recommend that you continue to vaccinate your patients, especially those who are in high risk groups.

### **Seasonal Influenza**

Of the 7361 influenza cases reported in Ontario since September 2009, only 65 of them have been due to seasonal strains (<1%). Therefore, the current risk of contracting seasonal influenza is low. Will the current pattern of low seasonal strain circulation persist throughout the influenza season?- we simply do not know. We will be supplying the seasonal influenza vaccine to physicians who request it and it can be co-administered with the pH1N1 vaccine (in opposite arms). We will continue to monitor the seasonal influenza activity and communicate via an HPU should the levels increase.

Once again, we would like to thank you for your ongoing efforts in protecting your patients and your continued partnership despite the many challenges of the H1N1 pandemic.

Sincerely,



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