

Recommended Recipient Groups for the Pandemic Influenza H1N1-2009 Vaccine

The Ministry of Health and Long-Term Care (the ministry) has recommended a list of recipient groups for the H1N1-2009 vaccine as defined by the National Pandemic Vaccine Task Group (PVTG) and approved by the Canadian Immunization Committee (CIC), federal Special Advisory Committee (SAC), federal Deputy Ministers and the Chief Public Health Officer (CPHO). This list of recipients is provided in order of priority. The rationale of these recommendations is outlined below.

There are 2 categories of recipients: 1) Those who will benefit most from immunization and those who will care for individuals benefiting from immunization; and 2) Others who will benefit from immunization. It is recognized that some individuals or groups not identified in this list below may be otherwise identified at high risk of severe illness or hospitalization due to socio-economic and lifestyle conditions, access to healthcare, and elevated risk of exposure to the H1N1 virus. Those individuals or groups identified as high risk may vary between different health unit jurisdictions. For example, within the province of Ontario, many jurisdictions have identified correctional inmates and staff as a setting requiring H1N1-2009 vaccine. Consideration will be given to targeting these individuals/groups as greater understanding of the virus evolves. Further consideration could be given to immunizing additional groups or individual if needed to minimize social disruption. (PHAC, 2009)

| Recommended Recipient Groups | |
|---|---|
| 1) Those who will benefit the most from immunization and those who care for them | 2) Others who will benefit from immunization |
| <ul style="list-style-type: none"> • Persons with chronic conditions (NACI list) under age of 65 <i>Rationale:</i> At higher risk of complication; 65+ less affected to date, Canadian modeling suggest immunizing this group decreases population morbidity and mortality more than immunizing children (i.e. groups with highest attack rate) • Pregnant Women * <i>Rationale:</i> At highest risk of severe disease, and to potentially protect their infants • Children 6 months to less than 5 years of age <i>Rationale:</i> Children 6-23 months of age are at particular risk of severe diseases and hospitalization and are the primary focus of this group. Children aged 2 years to less than 5 years of age were included within this group because: <ul style="list-style-type: none"> • they are at higher risk of severe disease and hospitalization than older children, and • from a targeting perspective for operationalizing vaccine delivery the single category of 6 months to less than 5 years effectively captures all "pre-school" aged children. • Note the vaccine is not authorized for use in children less than 6 months of age. | <ul style="list-style-type: none"> • Children 5 to 18 (inclusive) years of age <i>Rationale:</i> High attack rates experienced by this age bracket would suggest they be considered a priority within this phase of immunization to possibly reduce transmission of the virus, children identified as a priority in public consultations • First Responders (police, firefighters) <i>Rationale:</i> Frequently attend emergency health situations with EMS • Poultry and Swine Workers <i>Rationale:</i> To prevent opportunities for viral reassortment. • Adults 19- 64 (inclusive) years of age <i>Rationale:</i> Increased risk of severe H1N1 disease. • Adults 65 years of age or over <i>Rationale:</i> Low attack rates, potential for reduced response to vaccine. • People of any age who are residents of nursing homes and other chronic care facilities <i>Rationale:</i> Outbreaks of H1N1 in institutions may lead to significant morbidity and mortality, particularly in vulnerable groups with chronic conditions. |

Recommended Recipient Groups

1) Those who will benefit the most from immunization and those who care for them

2) Others who will benefit from immunization

- **Persons residing in remote and isolated settings or communities**

Rationale: *Limited access to medical care, potential for development of mass immunity and prevention of infection, logistically easier to target whole community; equity, high concentration of persons with chronic conditions, observed morbidity/mortality in some remote Aboriginal communities*

- **Health care workers (all health care system workers involved with the pandemic response of delivery of essential health services*)**

Rationale: *Prevent HCW spread to vulnerable patients, prevent outbreaks, protect HCW (reciprocity) and protect essential health infrastructure, including mental health workers.*

All health care workers involved with the pandemic response or delivery of essential services:

- *Those who provide direct patient care as well as those who support the provision of health care services*
- *Includes full-time staff, part-time staff, students, regular visitors and volunteers i.e. all persons carrying out the health care function*
- *Settings include acute care, chronic care ambulatory/community care, emergency medical services, laboratory, public health departments, pharmacies, etc.*
- *Includes Canadian Blood Services/ Hema Quebec and vaccine manufacturers*

- **Household contacts and care providers of:**

- **Infants < 6 months of age**
- **Persons who are immunocompromised**

Rationale: *Indirect protection for persons at high risk who cannot be immunized or may not respond to vaccine*

Influenza A (H1N1) vaccine will be available in 2 forms, adjuvanted and unadjuvanted vaccine. All groups listed above, with the exception of pregnant women less than 20 weeks gestation, will be offered adjuvanted vaccine.

For children 6 months-9 years of age: 2 doses (0.25ml/dose) will likely be required for administration with a minimum of 21 days between doses.

For adults: 1 dose (0.5ml/dose) will be required for administration.

All pregnant women with pre-existing health conditions and healthy pregnant women in the second half of their pregnancy (more than 20 weeks gestation) should speak to their health care provider about receiving the adjuvanted vaccine. Healthy pregnant women in the first half of their pregnancy are at less risk of complications from the flu, and can wait to receive the unadjuvanted vaccine, when it is available.

*Unadjuvanted vaccine (available to pregnant women): 1 dose is recommended for administration (0.5ml/dose).