

“BECAUSE THERE IS MINIMAL DATA, MANY HEALTH EXPERTS FEEL THAT GOVERNMENTS ROLLING OUT MASSIVE CAMPAIGNS ARE TAKING A GAMBLE. RARE SIDE EFFECTS WILL NOT SHOW UP UNTIL MILLIONS OF PEOPLE HAVE RECEIVED THE VACCINATION.”

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days after the first symptoms appeared.

Vaccinations

Whether or not to offer and/or recommend vaccination is a decision each member should reach on his or her own. The BCNA believes informed consent of benefits versus risk (observed and theoretical) is integral to patients as they choose, or choose not to receive the flu vaccine. [The BCNA position paper on vaccines is reprinted in this issue on page 19.]

Preliminary reports on 415 volunteers are starting to give us some indication regarding efficacy and safety. 96 per cent of vaccinated individuals showed a robust immune response following the shot. Mild adverse reactions were observed up to 86 per cent of the time and resolving within 72 hours which included redness, tenderness or swelling where the shot was given. Moderate (2.5 per cent) and severe (less than 1 per cent) side effects included symptoms such as headaches, muscle aches, fever, chills, nausea, vomiting and fainting.

Estimates are that with vaccination there's a 70-90 per cent reduction in incidences and therefore a lower number of deaths attributed to H1N1. Anyone in the high risk category (see below) should consider the vaccination option. Considerations against vaccination include:

- Concerns about future risk for other infections in light of last season's flu shot increasing the risk for contracting H1N1
- Healthcare systems in the Southern Hemisphere recovered despite the lack of an H1N1 vaccine
- Protection is limited to the current H1N1 virus only
- Ingredients such as thimerosal (in

multi-dose vials) and adjuvants (undisclosed at this time) will be used

- In the urgency to get the vaccine to market, regular safety testing has not been completed
- Children under 10 years of age may require more than one shot
- Infants less than 6 months old will not be able to be vaccinated
- Potential for increased incidences of rare serious side effects such as severe allergic reactions, autoimmune and neurological conditions like Guillain Barré Syndrome

High risk groups include: Pregnant women; children under the age of five; adults over the age of 65; any individual that may have complications from respiratory tract infections or secondary infections including those with chronic pulmonary conditions, cardiovascular disease, obesity, malignancy, chronic renal insufficiency, chronic liver disease, diabetes, hemoglobinopathies, AIDS, cognitive dysfunction, spinal cord injuries, seizure disorders, neuromuscular disorders, and cerebral palsy

In moderate to severe cases and especially in the high risk group medications such as Tamiflu and Relenza must be considered. At this time immunizations will be available through occupational health personnel, family doctors and general practitioners in BC.

Naturopathic options

With Health Canada doubting the relevance of the regular flu shot this season, a renewed focus on a balanced immune system is a service of significant application for NDs. A healthy immune system will not only offer increased protection against the regular seasonal flu and other variations of H1N1, but has been shown to minimize side effects of vaccinations and improve their immune response. We encourage members to draw on their ex-

perience as naturopathic doctors to develop specific immune-enhancing protocols as preventive measures.

As many doctors have noted, there is good evidence, albeit not large clinical trials, to show that persons with higher serum 25(OH)₂ D₃ levels are protected from upper respiratory tract infections, such as the flu. There is also good mechanistic evidence that high doses could be used to treat the flu. 25 Hydroxy Vitamin D tests are an excellent resource for ascertaining a patient's vitamin D levels. Furthermore, there is good animal data showing that a deficiency of serum will not necessarily reduce the incidence of influenza infections but will dramatically decrease the probability of an acquired infection causing significant harm. Other evidence also exists for the efficacious use of vitamin C, zinc, selenium, vitamin A, Lactobacillus acidophilus NCFM, colostrum, Elderberry extracts, and Green tea catechins. Evidence based homeopathic combinations that should be considered include Gripp-Heel, Engystol, Guna-Flu, and Citomix.

To date, the vast majority of persons that have died from the flu have had significant co-morbidities (a fact many people have pointed out as under reported in the media). An individual with a well balanced immune system might still get an infection but it could simply evolve into a mild illness. Some GPs staffing walk-in clinics have suggested that many individuals have already had H1N1, and developed an antibody; they claim that in a healthy adult its mildness is often construed as a bad cold not flue. Although this has been contradicted by the provincial health officer, it's a possibility open to consideration. Although not much is known about the ability of vitamin D to mitigate the effects

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