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WHO has recommended H1N1 vaccines contain oil in water adjuvants for the fall campaign. Oil in water adjuvants are not licensed for use in the USA. In the past, they were added in experimental anthrax vaccines, which made Gulf war soldiers very sick. Oil based adjuvants are thought to increase the risk of vaccine-induced chronic inflammation and autoimmunity in some children and adults genetically predisposed to atypical inflammatory responses and autoimmunity. No published scientific studies have examined whether those already suffering with chronic inflammation associated with brain and immune system dysfunction may be at special risk. To make matters more interesting clinical studies published by Baxter Inc.'s own scientific team demonstrated that adjuvants are, at best, useless. In June 2008, Baxter's Austrian-based scientists Ehrlich, Kistner and Barret published a clinical trial in the New England Journal of Medicine [V 358:2573-2584 June 12, 08 No. 24] on the safety of an H5N1 whole-virus vaccine (avian), in which they themselves go on record saying that the use of adjuvants did not improve the antibody response.

Instead of oil in water adjuvants, others are composed of an aluminum base. They are thought to boost antibodies and make vaccines more effective. Glaxo-SmithKline has confirmed the vaccine available to Canadians will contain adjuvants. The exact composition of the adjuvant is unknown as it is considered to be a proprietary combination. There will be some vaccines created without adjuvants, but most will contain an adjuvant.

Accessibility to NDs & Cost

The Canadian government has ordered 50.4 million doses of the H1N1 vaccine on behalf of the provinces, territories and federal populations. They have contracted GlaxoSmithKline to maintain vaccine production capacity in order to meet the needs should the pandemic hit harder than expected. The federal government intends to cover 60% of the purchase, while leaving the rest of the bill to the provincial government. Provincial public

health authorities have been appointed to roll out the vaccination campaign.

Accessibility of the H1N1 vaccine to BC's naturopathic physicians for their patients is under discussion with BC's Provincial Health Officer, Dr. Perry Kendall, and his staff. In a personal discussion with the office of the Public Health Officer, the office advocates the roll-out campaign involve primary care immunizers, occupational health personnel, family doctors and general practitioners to allow for most British Columbians to be immunized. Dr. Monica Naus, the Provincial Health Officers assistant and director of the immunization program at the BC-CDC, has stated that "non-traditional" immunization service providers are currently under consideration.

Recommendations

As the Canadian and B.C. governments are seemingly confident there will be more than enough vaccines for Canadians and British Columbians, it is not a matter of who will first receive them, but how quickly they will be vaccinated. PHAC has held back on discussing priority issues before more information has been gathered from the clinical trials. Once the vaccine has been distributed and H1N1 is better understood, recommendations on priorities will become clearer.

Meanwhile, the US CDC has recommended the following order of administration during the pandemic (in order of most to least):

- Pregnant women
- Household contacts and caregivers of children younger than 6 months of age
- Healthcare and emergency medical services personnel
- Children from 6 months through 18 years of age
- Young adults from 19 through 24 years of age
- Individuals from 25 through 64 years of age with health conditions associated with increased risk of influenza compli-

Ontario has become the first province to delay seasonal influenza vaccines to most residents because of the threat posed by swine flu.

The decision, announced Thursday, comes as public health officials across the country are reconsidering their immunization plans in light of unpublished Canadian studies that suggest earlier seasonal flu shots raise the risk of contracting the pandemic H1N1 flu virus.

Globe & Mail, September 24, 2009

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Once these groups have been vaccinated, all individuals between the ages of 25 and 64 years have been advised to be vaccinated, followed by individuals 65 years and older.

Recent seasonal influenza vaccines do not include any antigens from H1N1 influenza virus. A study of cross-reactive antibody responses to pandemic H1N1 influenza A in the sera of individuals who were vaccinated with seasonal influenza vaccines between 2005 and 2009 showed that prior vaccination is unlikely to elicit a protective antibody response against this strain. However, 33 percent of individuals over age 60 had microneutralization titers ≥ 160 , compared with 6 percent of individuals aged 18 to 40, and 9 percent of individuals aged 18 to 64. Microneutralization titers ≥ 160 often correlate with at least a 50 percent decrease in risk for influenza infection or disease, but whether these titers offer partial protection against pandemic H1N1 influenza A virus infection or disease is unclear.

Should a patient decide, or not decide, to undergo vaccination, naturopathic doctors are able to offer many methods to combat the virus and enhance immunity. Immunizations are just another tool to add to an ND's extensive and diverse array of therapeutics.

Full references available upon request.

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