



Australian Government
Department of Health and Ageing

CHIEF MEDICAL OFFICER

General Practitioners

Dear Colleagues.

This letter is to update you on Australia's response to the world-wide outbreak of pandemic (H1N1) 2009 influenza and the national rollout of a new specific vaccine to protect the Australian community.

While this pandemic (H1N1) 2009 has generally been a moderate disease in most there have been severe outcomes in those with underlying medical disease and in some otherwise fit and healthy people, including pregnant women, young children and healthy young adults. The pandemic has been associated with 172 deaths in Australia thus far. The average age of deaths associated with pandemic (H1N1) 2009 is 56 years, compared with 83 years for seasonal flu. There have been more than 4700 people hospitalised by pandemic influenza to date with over 15% of hospitalisations in ICU. Fortunately the intensity of this wave of the epidemic is diminishing.

Experience from history and from other countries with this virus shows that, unlike seasonal influenza, pandemic influenza is not just a winter infection. In the next few months a number of possible scenarios could occur. As has happened over the Northern Hemisphere summer, we may continue to have ongoing outbreaks of various sizes and spread in our communities. We may face a major out-of-season influenza outbreak due to importation of the virus back into Australia from infected travellers from the large number of new cases now expected in the Northern Hemisphere. Thus a second wave may occur at any time or the virus may mutate and become more virulent, causing another large outbreak now or next winter. Vaccination will protect the community against all the scenarios possible with this unpredictable pandemic virus.

The WHO has said that safe and effective vaccines are "the most important intervention for reducing morbidity and mortality" in an influenza pandemic. Australians are therefore fortunate that a vaccine for pandemic (H1N1) 2009 has now been approved for registration by the Therapeutic Goods Administration for people 10 years and older. The vaccine is made by CSL Limited, which has been producing seasonal vaccines in Australia in the same way for 40 years, and it has undergone

additional clinical testing and trials. Early data from these trials were published in the New England Journal of Medicine on 10 September 2009 and the vaccine was subsequently registered by the Food and Drug Administration in the USA.

The data indicates that the pandemic influenza vaccine has a similar safety profile to seasonal influenza vaccine. One dose is sufficient for protection. The vaccine is currently not registered for use in children under 10 years pending receipt of satisfactory clinical trials data expected in the near future. As with seasonal flu vaccine, the TGA will monitor post-vaccination adverse events and we ask you to notify in the usual way.

The pandemic vaccination program will be initially focused on vaccinating certain priority groups at higher risk of exposure (for example, health care workers) and those vulnerable to more severe outcomes. This includes pregnant women, Indigenous Australians, severely obese individuals and people with underlying medical conditions. While emphasis will be on targeting these priority groups, the opportunistic vaccination of friends, family, and carers of vulnerable people or anyone who wishes to protect themselves from pandemic influenza is also encouraged leading to more generalised vaccination as supplies increase.

The presentation of the vaccine is different from that of the seasonal influenza vaccine. In order to provide sufficient vaccine to respond to this health emergency, the vaccine is packaged in multi dose vials (MDVs). This has also been the usual practice in dealing with this pandemic world-wide in developed countries including the USA, UK and Canada. The RACGP and the Australian Technical Advisory Group on Immunisation (ATAGI) have developed specific guidelines on the best use of MDVs for this program. Additional information to assist you in implementing the vaccination program is provided in the fact sheet attached to this letter.

The situation in a pandemic may change especially as the Northern Hemisphere develops more cases and our scientific knowledge expands. The Department and I understand that we need to continue to update you. We will ensure that current information is available on the internet at www.healthemergency.gov.au/

Yours sincerely



Professor Jim Bishop AO
MD MMed MBBS FRACP FRCPA

September 2009