

Ottawa, September 2nd, 2009

Letter to SOGC Members

Re: Possible H1N1 Pandemic

Dear Colleagues:

The SOGC staff has been working diligently throughout the summer on the very important issue of a possible H1N1 pandemic with Health Canada and in particular with the Public Health Agency of Canada (PHAC). As most of you know, pregnant women in the third trimester or at term are one of the highest risk groups affected by this virus. A number of women across Canada have died as a result of H1N1 thus far. It should be noted that pregnant women are not more highly susceptible to contracting this virus than the general population, but that the effects of H1N1 are more devastating in this group.

Two issues will be very important in the coming months:

1. Recognition and treatment of H1N1 infection. Early recognition of signs and symptoms of the H1N1 virus is key, which would lead to early treatment. It is estimated that in a pandemic there will be a national effort to advise women, especially our pregnant patients, to obtain treatment immediately if they have certain signs and symptoms of the virus.
2. Immunization for H1N1. There is a great concern that general immunization against seasonal flu is low in obstetrics across Canada. It is difficult to obtain specific statistics, but it would appear to be less than 20%. We will need to advise patients that they need to continue to have their seasonal flu shot, which should be available in late September/early October. A H1N1 vaccine will be available in late October/early November. There are ongoing discussions as to whether it will be a vaccine with or without a new adjuvant; we will keep you posted. Given that pregnant women are a priority it will be important to advise our patients in their third trimester that this is strongly recommended given the severity of the disease in late pregnancy.

To improve our standard of care, the SOGC highly recommends that all physicians who are able to immunize women coming for regular prenatal visits do so in their office, as we anticipate family practitioners being overbooked, many women not having a family physician, and public health units also being overbooked if a true pandemic becomes reality in the fall. This is an easy procedure to adopt and should become part of our professional abilities.

Immunization in obstetrician/gynaecologist offices should be a strong consideration for all of you. We could also provide information on how to get other vaccines such as HPV vaccines, general flu vaccines, HepB, and Rubella and the techniques of administration.

It would be a great service to women that we care for, to have office nurse personnel administer vaccinations as patients come for routine visits, or to take the time ourselves to do so for those who do not have the nurse personnel available in the office.

The SOGC is also reviewing its guideline, "Immunization in Pregnancy" where will be added H1N1, and we will be able to answer most all questions by mid-September. We hope to have this guideline posted on both our public and physician websites; this should be easily attained by clicking on the H1N1 icon on the front page of the SOGC website.

PHAC has agreed to work with SOGC to produce advisory posters to be placed in physicians' offices, including each examining room, which encourages patients to get immunized, but also warns of the signs and symptoms of the H1N1 virus, which would require them to get proper treatment. As you know, there are currently only two treatments available for H1N1, that is zanamivir (Relenza®) and oseltamivir (Tamiflu®). Health agencies are recommending oseltamivir (Tamiflu®) for pregnant women.

Certainly the advent of an H1N1 pandemic is going to be stressful on the health system, and particularly on pregnant women. It will be important for us to have a written advisory as well as to make available advice should the situation change, such as an evolution of the at-risk groups, which for the time being seem to be children, pregnant women, and Aboriginal people.

The SOGC has met with PHAC to organize contacts with all of the Canadian hospitals who provide obstetrical care and as such we will develop a group e-mail. Beginning mid to late September we should have weekly information bulletins from the SOGC and also pertinent information that we gather from public health agencies in the provinces and federal government.

Following a meeting with the Chief Public Health Officer of PHAC, Dr. David Butler-Jones, it is presently recommended that all physicians provide to their patients advice and a prescription for oseltamivir (Tamiflu®). A tear out patient information form on the signs and symptoms of H1N1 should be provided to your patients. If the patient fills the criteria described, she would send someone in her family to a pharmacy to obtain medication and begin taking it. There is no recommendation at this time to take prophylactic medications.

The SOGC welcomes your comments and feedback on this most important issue.

Sincerely,



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