

The new flu challenge: Getting the vaccine out; Canada doesn't have enough health workers to deliver flu shot as it arrives; B.C. and Alberta consider enlisting pharmacists to give injections

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TORONTO -- Canada does not have the manpower to deliver the H1N1 influenza vaccine as quickly as it becomes available, despite ordering enough doses to inject all of its citizens.

That means crates of vaccine could sit dormant as Canadians wait for months - possibly even after the New Year - for protection from the virus, putting some of them at risk of becoming unnecessarily ill.

At least two provinces, British Columbia and Alberta, are considering enlisting pharmacists to administer injections, but questions remain as to whether this would be sufficient - and whether the lag in delivering vaccine betrays a shortfall in government planning.

Canada has ordered 50 million doses from GlaxoSmithKline, which is contracted to produce pandemic flu vaccine for Canadians. The Public Health Agency of Canada said the vaccine won't be available until mid-November. And it could take seven weeks to deliver it to all who need and want it. People may require more than one shot, which means it would be February or even March before the vaccine offered full protection to all.

There is no predicting the severity and timing of the new pandemic strain's behaviour going into the fall and winter. It could surge during the normal flu season, which begins in December. Or, with the aid of classrooms serving as incubators, it could gain strength in September, more than a month before the vaccine is first available.

"If they could give more than 3.5 million [doses a week], the vaccine would be there to give. But my guess is that 3.5 million a week may be a real challenge," John Spika, director general of the centre for immunization and respiratory infectious diseases at the Public Health Agency of Canada, said in an interview.

"Yes, there are potentially going to be issues about how many Canadians get vaccinated at a time. But it really relates to the delivery, not the vaccine supply," he said.

The Globe and Mail reported last week that GSK can produce more vaccine at its Ste-Foy, Que., plant than it can put into vials in a timely fashion. The Public Health Agency of Canada, however, tried to calm fears by saying this would not delay the supply of vaccine for Canadians. In the United States, health officials recognized that a similar problem would slow the rollout of the vaccine and began hunting for factories that can get more of the liquid into vials quicker.

But even if that problem can be overcome in Canada, as public health officials say, getting the vaccine into the arms of Canadians quickly poses a substantial dilemma.

David Butler-Jones, Canada's chief public health officer, acknowledged to reporters last week that 3.5 million doses a week is about "as fast as we can give it to people."

The arithmetic of a national vaccination plan is daunting. If one health worker delivered 100 doses a day, officials would have to enlist 7,000 people daily to inject the vaccine. In Canada, in 2007, there were 332,794 registered nurses and 63,682 doctors. So roughly 2 per cent of health workers from that pool would be doing nothing but vaccinations.

Provinces and territories are responsible for health delivery, Dr. Spika noted, and it will be up to them to determine how much time health workers devote to administering vaccine.

"There may well be that number of vaccinators, but they're doing other jobs and many of them are delivering essential health services," he said. "So you can't very well tell people that all of a sudden they're no longer going to run their clinics."

Kumanan Wilson, Canada Research Chair in public health policy at the University of Ottawa, said such vaccine-delivery problems were foreseeable after the 2003 SARS outbreak, but nothing was done. "I don't think the investment in public health has been satisfactorily addressed following SARS. It was on the radar there for a little while after SARS, but then once again as usual it fades to the background," Dr. Wilson said.

"We may pay the price for that."

Dr. Wilson said the federal government should release a list of who would be first in line to receive the H1N1 vaccine if it can't be administered all at once. Canadian officials have said a list will come out in September.

An Alberta spokesman said the province is finalizing its H1N1 guidelines, and is giving consideration to using pharmacists to help with injections. In Ontario, health ministry spokesman Andrew Morrison said the province has more than 100,000 doctors and nurses who can administer the vaccine, but the government is reviewing whether it needs to increase that vaccine-delivery pool.

In British Columbia, the health officials last month proposed regulatory changes that would allow pharmacists to give injections, including the H1N1 vaccination this fall.

Greg Shepherd, a community pharmacist in Vancouver for the past 12 years, said he's in favour of those in his profession administering the vaccine, especially if there is a shortage of health professionals able to do so.

"If we did get hit with any sort of pandemic, I've heard that we couldn't administer enough vaccine in order to protect everyone. Given pharmacists' education, and obviously there would have to be some advanced training for us, so given that, I would feel completely comfortable administering injections," he said.

Last year, just under one-third of Canadians obtained a flu shot, according to Statistics Canada. While 67 per cent of people 65 and older got a flu shot, only 26 per cent of those aged 12 to 64 had the preventive vaccine.