



How to Stay Healthy, & Making an informed decision.

Tips to staying Healthy

Ration your Halloween candy! Sugar is an immune suppressant.

- Do not share drinks, utensils, wind instruments, toothbrushes or lipstick with others as all of these objects can transfer virus-containing saliva from one person to another.
- If someone is coughing or sneezing around you, give them space (2 meters).
- Wash hands thoroughly and often and keep your home clean. Especially after riding public transit, shaking hands, entering your home, touching money or your wallet, before eating and before touching your face, after touching someone who is sick.
- The H1N1 Flu Virus can live outside the body on hard surfaces, such as stainless steel and plastic, for up to 48 hours and on soft surfaces, such as cloth, paper, and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surfaces, and for up to a few minutes after being deposited on soft surfaces. Even though your hands may be clean, objects you bring into your home may

not be. Be aware of where purses, backpacks and jackets have been (bathrooms, public transit, medical clinics) and avoid placing them on the dining room table or beds. Take your shoes off especially if you have little people crawling or sitting on the floors.

- Discourage visits to your home from people who are sick or who have a lot of contact with sick people. Ensure play dates are scheduled on days where everyone is healthy.
- Get good quality sleep as it is essential for proper immune system function.
- Stress disrupts normal immune system function. Avoid unnecessary stress or manage it with relaxation techniques and empower your children to manage their stress too.
- Toxins can interfere with immune function. Make conscious decisions to avoid toxins in your air, food and water.
- If you or your child is sick, keep them home, when possible. If the immune system is fighting off an infection, it will likely be more susceptible to other infections and to developing serious complications. Encourage friends, family and coworkers to stay home if they are sick.

- Continue to breastfeed your infants. Breastfed children have fewer respiratory infections while they are being breastfed and for years after.

- Visit your naturopathic doctor for information on how to optimize your immune function through diet and lifestyle, nutritional supplements, herbal remedies, hydrotherapy and homeopathic remedies. Also inquire about the benefits of fevers and natural fever management.

- Stay informed about local outbreaks and new vaccine safety information.

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Recommendations for decreasing your risk of a serious vaccine complication

- Ensure your child is healthy before getting vaccinated. Review the list of vaccine contraindications and cautions with your health care provider prior to receiving the vaccine.
 - Speak to your naturopathic doctor about natural vaccine support pre and post vaccination. Stay in your doctor's office for at least 15 minutes after each injection. In the event of an anaphylactic reaction, you want to be close to life-saving medication.
 - Monitor your child closely after each injection and allow their body time to recover. Minimize their exposure to extreme temperature changes, large crowds and significant travel for at least a week after. Be cautious about lowering mild fevers as they are useful for helping the body recover from infections.
- Seek medical help promptly if your child develops any symptoms that concern you.

Risks associated with the H1N1 vaccine?



Very Common

May occur with more than 1 in 10 doses, are usually mild and only last one or two days):

- o Pain at the injection site
- o Headache
- o Fatigue
- o Redness or swelling at the injection site
- o Shivering
- o Sweating
- o Aching muscles, joint pain
- Common (may occur with up to 1 in 10 doses):
- o Reactions at the injection site such as bruising, itching and warmth
- o Fever
- o Swollen lymph nodes
- o Feeling sick, diarrhea

Uncommon

may occur with up to 1 in 100 doses:

- o Dizziness
- o Generally feeling unwell
- o Unusual weakness
- o Vomiting, stomach pain, uncomfortable feeling in the stomach or belching after eating
- o Inability to sleep
- o Tingling or numbness of the hands or feet
- o Shortness of breath
- o Pain in the chest
- o Itching, rash
- o Pain in the back or neck, stiffness in the muscles, muscle spasms, pain in extremity such as leg or hand

Rare

may occur with up to 1 in 1000 doses

- o Allergic reactions leading to a dangerous decrease of blood pressure, which, if untreated, may lead to shock. Doctors are aware of this possibility and have emergency treatment available for use in such cases
- o Fits
- o Severe stabbing or throbbing pain along one or more nerves
- o Low blood platelet count which can result in bleeding or bruising
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Very Rare

may occur with up to 1 in 10,000 doses:

- o Vasculitis (inflammation of the blood vessels which can cause skin rashes, joint pain and kidney problems)

- o Neurological disorders such as encephalomyelitis (inflammation of the central nervous system), neuritis (inflammation of nerves) and a type of paralysis known as Guillain-Barré Syndrome³⁰

According to the Public Health Agency of Canada, the average rate of adverse reaction of any vaccine is 1 in 100,000 vaccines distributed³¹. The number of vaccines actually administered to Canadians is not currently tracked in Canada, therefore the average rate is likely more than 1 in 100,000 since some of the doses delivered to clinics and hospitals are not administered.

- There is limited information available about adverse events associated with the H1N1 vaccine because the clinical trials are still in progress (as of October 21st 2009 only two small clinical trials in adults have been conducted).²⁸

- Once vaccination begins, the Public Health Agency of Canada has declared they will prepare a weekly report summarizing the adverse events reported in Canada on Fightflu.ca.²⁹

- GlaxoSmithKline is the manufacturer of the AREPANRIX™ vaccine and they have identified the above reactions.

Disclaimer

This is by no means a comprehensive representation of the information that every person will need in order to make their H1N1 vaccination decision and it is not meant as a substitute for information and advice provided by your primary health care provider.

Systems of Safety Regulations

The systems in place to maximize vaccine safety include regulatory bodies, clinical trial requirements for licensing, postlicensing surveillance, and research. For more information, please review vaccine safety information from the Public Health Agency of Canada at www.phac-aspc.gc.ca/im/vs-sv/caefiss-eng.php.

In spite of these checks and balances, a number of safety issues remain such as under-reporting of serious vaccine complications, lack of long-term safety studies, few randomized placebo-controlled trials, conflicts of interest, little independent evaluation of vaccine safety and lack of safety guidelines for vaccine components. For a discussion of these safety issues, please refer to the Safety section in Childhood Vaccinations – Answers to Your Questions by Katia Bailetti ND. This book is currently being revised. The new edition will be released soon. To place your order: http://www.doctormom.me/vaccine_resources.htm

What is the risk of a serious H1N1 infection?

The overall risk of a serious H1N1 infection is estimated and risk appears to be similar to that associated with the seasonal influenza virus.^{3,4} The majority of people infected with H1N1 experience mild symptoms and recover rapidly without the need for hospitalization or medical care.⁵

Below are some H1N1 statistics:

As of Sept 26th, 1,479 people have been hospitalized with H1N1 in Canada and 20% of cases were admitted to an intensive care unit.⁶ The estimated number of people who die from H1N1 if they catch H1N1 (in the U.S.) is 0.05%.⁷

As of October 30th 2009, 95 people have died due to H1N1 in Canada.⁸ In comparison, the number of deaths due to influenza viruses reported by Statistics Canada in 2003 was 2189, in 2004 was 29610 and in 2005 was 67811. These numbers are quite a bit lower than the number of deaths due to influenza reported per year by the Public Health Agency of Canada, (2,000-8,000 deaths).¹²

There is a higher risk of a serious infection in the following groups:

- o People with an underlying medical conditions have 5 times greater risk than those without underlying medical condition was present in 79% of the people who died from H1N1.¹⁵

- o Pregnant women have 4-5 times greater risk. The risk appears to be. Over two thirds of hospitalized cases occur in the third trimester.¹⁶

- o As of October 24th, 2009, 4 deaths due to H1N1 have been reported in children

under 16 years of age.¹⁷ Children less than 2 years of age have the highest rate of hospitalization, Intensive Care Unit admission, and ventilation rates of all age groups.¹⁸ 472 pediatric hospitalizations have been reported since the beginning of the pandemic and 89.8% of these hospitalizations were due to Pandemic (H1N1) 2009.¹⁹ In the first wave, 54.4% of reported H1N1 influenza cases (not deaths) in Canada occurred in people under 20 years of age. The highest hospitalization rates were seen in children under 15 years (10.4 cases per 100,000).²⁰ By comparison, in 2004 there were 3 deaths due to influenza in children 14 years and younger²¹ (2 were less than 12 months and 1 was between 1 and 4 years) and 1 death in a child aged between 1 and 4 year.



Adults over 45 years of age and over have the highest mortality rate.²⁴

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- o People living in remote areas, particularly First Nations, Inuit and Metis populations, have also experience(0.33 per 100,000)

- o For a summary of the characteristics of hospitalized cases, ICU admissions and deaths as of October 2009 see References below

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