



MINISTRY OF HEALTH
SINGAPORE

MH: 34:03

1 Apr 2010

All Registered Medical Practitioners
All Licensees of Healthcare Establishments

**MOH CIRCULAR 10 /2010:
UPDATE ON INFLUENZA SITUATION AND RECOMMENDATIONS ON THE USE
OF SEASONAL INFLUENZA AND INFLUENZA A (H1N1-2009) VACCINES**

AIM

1 This circular provides an update of the current influenza situation in Singapore and globally, and guidance on the use of the seasonal influenza and Influenza A (H1N1-2009) vaccines.

CURRENT INFLUENZA SITUATION IN SINGAPORE

2 Influenza activity in Singapore has fallen to low levels in recent weeks. Data from the Ministry of Health's influenza bio-surveillance shows the following:

- a) The proportion of influenza-like-illness (ILI) among ARI polyclinic attendances has been in the range of 2% to 3% since 3 Jan 2010.
- b) In the past 4 weeks, the prevalence of Influenza A (H1N1-2009) ranged between 21% and 40% amongst patients with influenza-like illness in the community.
- c) Influenza A (H1N1-2009) comprised 70% of all influenza virus isolates in the past 4 weeks, while influenza A (H3N2) and influenza B comprised 9% and 21% respectively.



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GLOBAL INFLUENZA SITUATION

3 The most active areas of transmission of Influenza A (H1N1-2009) are currently observed in parts of Southeast Asia, West Africa and in the tropical zone of the Americas, however they are at low levels in most areas. Although Influenza A (H1N1-2009) continues to be the predominant influenza virus circulating worldwide, seasonal influenza B viruses have been increasingly detected in East Asia. Small numbers of seasonal H3N2 viruses have also been detected in several countries of East and Southeast Asia¹.

INCIDENCE OF HOSPITALISED AND SEVERELY ILL CASES OF INFLUENZA A (H1N1-2009) IN SINGAPORE

4 The incidence of hospitalized cases, severely ill cases (defined as those requiring intensive care support), and deaths due to Influenza A(H1N1-2009) between 15 July 2009 and 8 March 2010 are shown in Annex A.

WHO RECOMMENDATIONS ON THE COMPOSITION OF THE 2010 SOUTHERN HEMISPHERE AND 2010-2011 NORTHERN HEMISPHERE INFLUENZA VACCINE

5 The World Health Organisation (WHO) has recently published its recommendations for the composition of influenza virus vaccines for use in the northern hemisphere (NH) winter season in 2010-2011². The strains recommended for inclusion are the same as the strains in the 2010 southern hemisphere (SH) seasonal influenza vaccine i.e

- an A/California/7/2009 (H1N1)-like virus;
- an A/Perth/16/2009 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

RECOMMENDATIONS FOR USE OF SEASONAL AND INFLUENZA A (H1N1-2009) VACCINES

6 **Influenza vaccination is strongly recommended for healthcare workers and persons at high risk of developing complications from influenza.** The current recommendations for influenza vaccination are at Annex B.

7 As influenza A (H1N1-2009) is presently the predominant circulating strain in most areas, monovalent H1N1 vaccine can still be used. At-risk groups

¹ World Health Organisation. Pandemic (H1N1) 2009 - update 93. Available at http://www.who.int/csr/don/2010_03_12/en/index.html

² World Health Organisation. Recommended viruses for influenza vaccines for use in the 2010-2011 northern hemisphere influenza season. Available at <http://www.who.int/csr/disease/influenza/vaccinerecommendations/en/index.html>

should consider the SH 2010 or the NH 2010-2011 seasonal influenza vaccines for added protection against seasonal strains.

8 Persons who have received the SH 2010 seasonal influenza vaccine need not receive the NH 2010-2011 seasonal influenza vaccine as the composition of the SH 2010 and NH 2010-2011 vaccines are identical.

9 Doctors are advised to check the product inserts of influenza vaccines to confirm that the vaccine conforms to the WHO recommendations for the composition of the SH 2010 and NH 2010-2011 seasonal influenza vaccines.

REVISED COST OF INFLUENZA A(H1N1-2009) VACCINE

10 MOH will be lowering the price of the Influenza A(H1N1-2009) vaccine. The revised selling price will be \$8 and \$5.60 for the 0.5ml and 0.25ml dose respectively. These changes will take effect from 1 April 2010. Please refer to Annex C for the revised order form for the Influenza A(H1N1-2009) vaccine.

11 For healthcare providers who have earlier purchased the Influenza A(H1N1-2009) vaccine from MOH, we will offer additional vaccines to them upon request, equivalent to the number of vaccines they have remaining in stock ordered before 1 April 2010. The respective healthcare providers will have to bear the delivery cost. All requests should reach Zuellig Pharma by 30 April 2010. Any request after 30 April 2010 will not be eligible for the free top-up. Please refer to Annex D for the request form and declaration that the remaining quantity of the stock held by the healthcare providers is true and correct. All healthcare providers requesting for the additional vaccines are subject to audit upon the Ministry's request. Delivery will be after verification by MOH.

FOR CLARIFICATION

12 For clarification of this circular, please e-mail moh_info@moh.gov.sg.



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MINISTRY OF HEALTH

Annex A

INCIDENCE OF HOSPITALISATION AND SEVERELY ILL PATIENTS OF INFLUENZA A (H1N1-2009) BETWEEN 15 JULY 2009 AND 8 MARCH 2010

Age group (years)	Hospitalised patients			Severely ill patients*			Deaths		
	No.	%	No. per 100,000 population	No.	%	No. per 100,000 population	No.	%	No. per 100,000 population
Below 1	55	3.2	143.4	2	1.7	5.2	0	0.0	0.0
1 - 4	146	8.6	82.0	7	5.9	3.9	1	4.8	0.6
5-18	425	25.1	56.2	16	13.6	2.1	3	14.3.0	0.4
19- 49	628	37.1	21.9	46	39.0	1.6	8	38.1	0.3
50 - 64	317	18.7	40.8	34	28.8	4.4	4	19.0	0.5
65 and older	124	7.3	33.9	13	11.0	3.6	5	23.8	1.4
All	1695	100.0	34.0	118	100.0	2.4	21	100.0	0.4

*Severely ill patients are defined as those requiring intensive care support and who have died.

MOH RECOMMENDATIONS FOR INFLUENZA VACCINATION

- 1 It is recommended that the following groups receive the influenza vaccine.
 - Persons aged 65 years and older
 - Children aged 6 months to 5 years
 - Residents of nursing homes and other chronic care facilities
 - Adults and children who have chronic disorders of the lungs or heart, including asthma
 - Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic disease (including diabetes mellitus), kidney or blood disorders, or lowered immunity caused by medications or by HIV
 - Household contacts of the above (those at risk of transmitting the flu virus)
 - Household contacts and out-of-home caregivers of children aged 0 to 23 months, in particular for children aged 0 – 5 months as influenza vaccines have not been approved for use among children aged < 6 months
 - Children and teenagers aged 6 months to 18 years who are receiving long-term aspirin therapy
 - Women who are in the second or third trimester of pregnancy
 - Healthcare workers and allied health personnel

- 2 Previously unvaccinated children under the age of 9 years will require 2 doses given at least 1 month apart. Adults and children 9 years and above will require a single dose of the vaccine.



ZUELLIG PHARMA

15 Changi North Way, #01-01, Singapore 498770

PANDEMIC VACCINE ORDER FORM (02/2010)

Name of Organisation/Clinic: _____

Customer Code: _____

Please indicate if your clinic is a Pandemic Preparedness Clinic (PPC): Yes / No (please circle)

Address: _____

Telephone: _____ Fax: _____

Email: _____ Contact Person: _____

For the supply of:

CODE	DESCRIPTION	PRICE per box (before GST)	MINIMUM ORDER QTY	QTY (number of boxes)
998CSL001	PANVAX®, CSL <i>Multi-dose vial (10 doses/vial), 10 vials per box</i>	\$800	1 box	
998CSL002	PANVAX®, CSL <i>Single-dose prefilled 0.5 mL syringe, 1 syringe per box</i>	\$8	Multiples of 10 boxes	
998CSL003	PANVAX®, CSL <i>Single-dose prefilled 0.25 mL syringe, 1 syringe per box</i>	\$5.60	Multiples of 10 boxes	
998GSK001	PANDEMRIX®, GSK <i>Multi-dose vial (10 doses/vial), 1 vial of antigen & 1 vial of adjuvant per box</i>	\$80	1 box	

This is for **NEW order** only (request for free top-up should not be included in this form)**Approved by:**

Signature: _____ Name: _____

Date: _____ MCR No: _____

- Please **FAX** completed form to **Customer Service Fax: 1800-546-9088**
 - **All Goods are non-returnable**
 - Allocation of vaccines will be on a first-come-first serve basis
 - The following surcharge is applicable for delivery of allocated vaccines:
 - o Surcharge for urgent delivery (4 hours) @\$30/order
 - o Surcharge for Scheduled delivery outside office hour @\$30/order
 - o Surcharge for urgent request for stock outside office hour @\$200/order (hotline: 6548 1758/ 1759)
- (NB: Office hour refers to 8.30am to 5.30pm Monday to Friday, and exclude Saturdays, Sundays & Public Holidays)

For Zuellig Pharma Use

Dear Customer,

Thank you for your order. Your order has been processed and we will inform you of the expected delivery date.

Your Order Number is: _____ Date: _____



ZUELLIG PHARMA

15 Changi North Way, #01-01, Singapore 498770

REQUEST FORM FOR FREE TOP-UP FOR PANDEMIC VACCINE

Name of Organisation/Clinic: _____
 Customer Code: _____
 Please indicate if your clinic is a Pandemic Preparedness Clinic (PPC): Yes / No (please circle)
 Address: _____

 Telephone: _____ Fax: _____
 Email: _____ Contact Person: _____

For the Supply of:

CODE	DESCRIPTION	REMAINING STOCK QTY AS AT 31 MAR 2010	QTY REQUESTED FOR TOP-UP
998CSL001	PANVAX®, CSL <i>Multi-dose vial (10 doses/vial), 10 vials per box</i>		
998CSL002	PANVAX®, CSL <i>Single-dose prefilled 0.5 mL syringe, 1 syringe per box</i>		
998CSL003	PANVAX®, CSL <i>Single-dose prefilled 0.25 mL syringe, 1 syringe per box</i>		
998GSK001	PANDEMRIX®, GSK <i>Multi-dose vial (10 doses/vial), 1 vial of antigen & 1 vial of adjuvant per box</i>		

This is for **free top-up** only (request for new order should not be included in this form). All requests should reach Zuellig Pharma by 30 April 2010. Any request received after 30 April 2010 will not be eligible for the free top-up.

Declaration

I hereby confirm that the information on the remaining stock quantity provided above is true and correct. I understand that I may be liable to prosecution if I have stated any false or misleading information. I agree to allow MOH to conduct a stocktake upon official notification by MOH and understand that delivery of stock will only be made after verification by MOH.

Declared and Approved by:

Signature: _____ Name: _____

Date: _____ MCR No: _____

Company stamp:

- Please FAX completed form to **Customer Service Fax: 1800-546-9088**
 - **All Goods are non-returnable. Delivery charge of \$25 will be applicable for all requests**
 - Allocation of vaccines will be on a first-come-first serve basis
 - The following surcharge is applicable for delivery of allocated vaccines:
 - o Surcharge for urgent delivery (4 hours) @\$30/order
 - o Surcharge for scheduled delivery outside office hour @\$30/order
 - o Surcharge for urgent request for stock outside office hour @\$200/order. (hotline: 65481758/ 1759)
- (NB: Office hour refers to 8.30am to 5.30pm Monday to Friday, exclude Saturdays, Sundays & Public Holidays)*

For Zuellig Pharma Use

Dear Customer,
 Thank you for your order. Your order has been processed and we will inform you of the expected delivery date.

Your Order Number is: _____ Date: _____