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Vaccination may **HELP PREVENT CERVICAL CANCER** caused by HPV types 16, 18, 31, 33, 45, 52 and 58, and **GENITAL WARTS** caused by HPV types 6 and 11.

RECOMMEND GARDASIL®9 for your female patients 9-45 years of age, and your male patients 9-26.¹



Make time to talk GARDASIL®9

GARDASIL®9 is a vaccine indicated in girls and women 9 through 45 years of age for the prevention of infection caused by the Human Papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58 and the following diseases associated with the HPV types included in the vaccine: cervical, vulvar, and vaginal cancer caused by HPV types 16, 18, 31, 33, 45, 52 and 58; genital warts (condyloma acuminata) caused by HPV types 6 and 11; and the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58: cervical adenocarcinoma *in situ* (AIS); cervical intraepithelial neoplasia (CIN) grade 2 and grade 3; vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3; vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3; cervical intraepithelial neoplasia (CIN) grade 1.

GARDASIL®9 is indicated in girls and women 9 through 26 years of age for the prevention of: anal cancer caused by HPV types 16, 18, 31, 33, 45, 52 and 58; anal intraepithelial neoplasia (AIN) grades 1, 2 and 3 caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58.

GARDASIL®9 is indicated in boys and men 9 through 26 years of age for the prevention of infection caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58 and the following diseases associated with the HPV types included in the vaccine: anal cancer caused by HPV types 16, 18, 31, 33, 45, 52 and 58; genital warts (condyloma acuminata) caused by HPV types 6 and 11; and anal intraepithelial neoplasia (AIN) grades 1, 2 and 3 caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58.

Consult the Product Monograph at http://www.merck.ca/assets/en/pdf/products/GARDASIL_9-PM_E.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use. The product monograph is also available by calling us at 1-800-567-2594 or 514-428-8600 or by email at medinfocanada@merck.com.

Reference: 1. Data on file, Merck Canada Inc.: Product Monograph - GARDASIL®9, July 30, 2015.



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GARDASIL®9
[Human Papillomavirus
9-valent Vaccine, Recombinant]

Alcohol harm in Canada



Every day, alcohol harms Canadians of all ages across the country.

It is one of the leading factors of death, disease and disability, and causes a wide range of mental and physical problems.

Our new report *Alcohol Harm in Canada* examines hospitalizations entirely caused by alcohol and explores strategies for the prevention of such hospitalizations.

CIHI also developed a new indicator: Hospitalizations Entirely Caused by Alcohol. This measure will allow stakeholders to

- Estimate resource use for alcohol-attributable hospitalizations
- Identify areas for improvement, and
- Help with future planning

Both will be available in **June 2017**. Look for the report on cihi.ca, and for the indicator in **CIHI's Your Health System web tool**.

Health Solutions for the Americas

The Pan American Health Organization (PAHO) is building a better, healthier future for all people in the Americas. We partner with 52 countries and territories to solve hemispheric health challenges, so that everyone has a chance to live a healthy, fulfilling life.

As the Regional Office for the Americas of the World Health Organization (WHO), PAHO provides leadership that has helped achieve historic health milestones, such as the regional eradication of smallpox and the elimination of polio, measles, rubella, and congenital rubella syndrome.

PAHO helps its member countries protect these achievements and tackle new health challenges. From our 27 country offices throughout the Americas, we work with ministries of health, academic institutions, NGOs, and others to develop and implement evidence-based solutions to improve people's health, based on a shared vision of universal health.



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Health Research in Canada La recherche en santé au Canada

Discoveries for life / Découvertes pour la vie



At the Canadian Institutes of Health Research (CIHR), we know that research has the power to change lives. As Canada's health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system.

CIHR has developed several initiatives that offer funding opportunities related to identified priority areas. Each of these initiatives involves collaboration between CIHR's 13 Institutes and a wide range of partner organizations.

CIHR has been a proud partner of the Canadian Public Health Association (CPHA) Annual Conference since 2004. CIHR congratulates this year's student award and travel bursary winners.

Come to our session titled "Charting the Course: Population and Public Health Research in Canada - How do we build Healthy Cities and Communities" on June 6, 10:30 - 12:00 pm

Visit CIHR at booth No. 6
www.cihr-irsc.gc.ca

Les Instituts de recherche en santé du Canada (IRSC) savent que la recherche a le pouvoir de changer des vies. En tant qu'organisme fédéral chargé d'investir dans la recherche en santé, ils collaborent avec des partenaires et des chercheurs pour appuyer les découvertes et les innovations qui améliorent la santé de la population et le système de soins du Canada.

Les IRSC ont mis au point plusieurs initiatives qui offrent des possibilités de financement liées à des domaines prioritaires établis. Chacune de ces initiatives comporte une collaboration entre les 13 instituts des IRSC et un large éventail d'organisations partenaires.

Les IRSC sont fiers d'être partenaires de la Conférence annuelle de l'Association canadienne de santé publique (ACSP) depuis 2004. Les IRSC félicitent les lauréats des bourses d'études et des bourses de voyage de cette année.

Participez à notre séance intitulée « Tracer la voie de la recherche en santé publique et en santé des populations - comment bâtir des villes et des communautés en santé » le 6 juin, de 10 h 30 à 12 h.

Visitez les IRSC au kiosque no 6
www.irsc-cihr.gc.ca



“Our Stories, Our Health”

**Assembly of First Nations Collaborator Session
Canadian Public Health Association 2017 Annual Conference
Thursday, June 8, 2017
9:00 a.m. – 10:30 a.m.**

Advancing the health and wellness of First Nations in Canada is a shared commitment among communities, partners in the jurisdictional continuum and politically mandated organizations.

This session by the Assembly of First Nations aims to demonstrate how policies and programs generated with First Nations’ meaningful participation can shape culturally responsive and competent public health systems that uphold the wholistic health needs of First Nations.

f ASSEMBLY OF FIRST NATIONS/ASSEMBLÉE DES PREMIÈRES NATIONS

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POPULATION MENTAL HEALTH PROMOTION FOR CHILDREN AND YOUTH

PROMOTION DE LA SANTÉ MENTALE DES POPULATIONS CHEZ LES ENFANTS ET LES JEUNES



The Population Mental Health Promotion for Children and Youth Collection includes:

General resources

- Population mental health promotion for children and youth – a collection for public health in Canada
- Foundations: definitions and concepts to frame population mental health promotion for children and youth
- Scan Report: resources for population mental health promotion for children and youth in Canada
- Database of resources for population mental health promotion for children and youth in Canada

Topical papers

- Environmental influences on population mental health promotion for children and youth
- Chronic diseases and population mental health promotion for children and youth
- Infectious diseases and population mental health promotion for children and youth
- Healthy public policies and population mental health promotion for children and youth
- Considerations for Indigenous child and youth population mental health promotion in Canada

Visit NCCPH.CA to download
the complete collection

La série intitulée Promotion de la santé mentale des populations chez les enfants et les jeunes incluent les documents suivants :

Information générale et ressources

- Promotion de la santé mentale des populations chez les enfants et les jeunes – une série destinée aux acteurs de la santé publique du Canada
- Fondements : définitions et concepts pour cadrer la promotion de la santé mentale des populations chez les enfants et les jeunes
- Rapport : résultats de l'exploration des ressources pour la promotion de la santé mentale des populations chez les enfants et les jeunes au Canada
- Base de données sur les ressources pour la promotion de la santé mentale des population chez les enfants et les jeunes au Canada

Documents thématiques

- Influences de l'environnement sur la promotion de la santé mentale des populations chez les enfants et les jeunes
- Maladies chroniques et promotion de la santé mentale des populations chez les enfants et les jeunes
- Maladies infectieuses et promotion de la santé mentale des populations chez les enfants et les jeunes
- Politiques publiques favorables à la santé et promotion de la santé mentale des populations chez les enfants et les jeunes
- Réflexions sur la promotion de la santé mentale des populations chez les enfants et les jeunes autochtones au Canada

Pour télécharger les documents
de cette série, visitez le CCNSP.CA



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AS A PUBLIC HEALTH PROFESSIONAL

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**SERIOUS ABOUT
INFLUENZA.**

Ever heard of Seqirus? We're the second largest influenza vaccine company in the world – thanks to our parent company, CSL, joining forces with the Novartis influenza vaccines team. And we are proud to announce that later this year, Seqirus will represent FLUAD[®], FLUAD[®] Pediatric, and AGRIFLU[®] in Canada.

The Novartis team has already transitioned to the Seqirus team here in Canada. Which means you can expect the same great service and attention you have become accustomed to with these products – in fact, you can expect the same team!

Please come visit us at booth 21 this week and join us in a conversation about a new Canadian partnership dedicated to high-quality influenza vaccines.

**VOUS DÉCOUVREZ
NOTRE EXISTENCE ?**

**LA GRIPPE C'EST
NOTRE ÉXPÉRIENCE.**

**POUR NOUS, LA GRIPPE
C'EST SÉRIEUX.**

Vous connaissez Seqirus ? Nous sommes la deuxième plus importante entreprise du monde spécialisée dans les vaccins contre la grippe – grâce à notre société mère, CSL, nous unissons nos forces à celles de l'équipe de vaccins antigrippaux de Novartis. Et nous sommes fiers d'annoncer que, plus tard cette année, Seqirus représentera FLUAD^{MD}, FLUAD^{MD} Pédiatrique et AGRIFLU^{MD} au Canada.

L'équipe de Novartis a déjà complété sa transition vers celle de Seqirus ici même, au Canada. Vous pouvez donc vous attendre à obtenir le service remarquable et les mêmes attentions auxquels vous vous êtes habitués à l'endroit de ces produits – en fait, vous pouvez vous attendre à fréquenter la même équipe!

Venez nous rendre visite cette semaine au kiosque 21 et vous joindre à la conversation à propos d'un nouveau partenariat canadien consacré à des vaccins de grande qualité.





5th International Public Health & Palliative Care Conference

September 17th– 20th, 2017

Ottawa Conference and Event Centre
200 Coventry Road, Ottawa, Canada

Palliative Care is Public Health Principles to Practice

Join us as Canada embraces, and showcases, public health and palliative care and opens itself to learning from you!

The 2017 International Public Health & Palliative Care Conference, Palliative Care IS Public Health; Principles to Practice, is being held in beautiful Ottawa, Ontario, Canada and is the 5th international meeting for palliative care and public health. This conference builds on the international momentum of the first four conferences held in India, Bangladesh, Ireland, and England, and invites the world to gather again, this time in

Canada's national capital. The three day conference takes place in Ottawa during the 150th Anniversary of Canada's confederation, and will feature a number of esteemed international speakers, abstract driven workshops, oral presentations, and posters focusing on the five conference themes. Please join us in Ottawa for what promises to be a wonderful learning and networking experience!

Opening Panel

"Palliative Care as Public Health?? Really??"

Moderated by: André Picard, Globe and Mail, Canada
Panelists: Dr. Alex Jadad, Canada, Dr. John Rosenburg, Australia, Dr. Allan Kellehear, United Kingdom, Dr. Denise Marshall, Canada, Dr. Suresh Kumar, India

Plenaries

Five plenaries covering each of the conference themes.

Theme 1: Building public policies that support health (Public Policy)

"What Makes a Problem a Public Health Issue? The Case for Palliative Care"

Presented by: Dr. Ross Upshur, Canada

Theme 2: Creating participatory community partnerships

"Creating Participatory Community Partnerships-experiences from a Low Middle Income Country"

Presented by: Dr. Zipporah Ali, Kenya

Theme 3: Strengthening sustainable community partnerships

"Strengthening Sustainable Community Action in the UK: Compassionate Communities go 'Mainstream'"

Presented by: Dr. Julien Abel, United Kingdom

Theme 4: Evaluation and performance

"Out with the old, in with the new?": How the research methods of classic and new public health each contribute to studying a public health approach to end of life care."

Presented by Dr. Joachim Cohen, Belgium and Dr. Libby Sallnow, United Kingdom

Theme 5: Reorienting/engaging environments to be responsive to death, dying, loss and bereavement

"New Connections and Community Practices: What's Next for Public Health Palliative Care?"

Presented by: Kerrie Noonan, Australia and Dr. Kathy Kortés-Miller, Canada

"Fireside Chats" with noted PHPC Experts

🌿 "Todos Contigo" Presented by: Dr. Emilio Molina Herare

🌿 "Meet the Author!" Presented by: Dr. Allan Kellehear

🌿 "Meet the PHPCI Board and Discuss the Charter" Presented by: PHPCI Board Members

🌿 "Mobilizing at a Provincial Level in Canada" Presented by: Dr. Eman Hassan and Dr. Doris Barwich

🌿 "Empowering, Leadership, and Vision: Developing Palliative Care in First Nations Communities" Presented by: Lori Monture, Maxine Crow, Holly Prince. Moderated by: Dr. Mary Lou Kelley

🌿 "Dying Homeless in Canada – the vision of PEACH" Presented by: Dr. Naheed Dosani

🌿 "Palliative Care in Low Middle Income Country" Presented by: Dr. Zipporah Ali and Dr. Christian Ntizimira

🌿 "In the beginning...the Genesis of Public Health Palliative Care" Presented by: Dr. Bruce Rumbold

Program Features Include:

- 🌿 Preconference site visits including, Toronto – the PEACH program and Burlington and Niagara Ontario – Compassion City Quest, plus more.
- 🌿 Networking with colleagues from around the world
- 🌿 20 Theme based workshops
- 🌿 55 Oral presentations
- 🌿 More than 40 Facilitated Poster sessions
- 🌿 A Chance to Experience Ottawa during its 150th Anniversary Celebrations!
- 🌿 Plus More

For more information and to register for the conference, please go to: www.iphpc2017.com

Coming to the IPHPC Conference?

Check out our partner event, the Canadian Hospice Palliative Care Conference, www.conference.chpca.net, September 20th-23rd, 2017 also at the Ottawa Conference and Event Centre. Special rate available for attendees of both conferences, please check www.iphpc2017.com or www.conference.chpca.net for more details.

The International Association for Hospice and Palliative Care (IAHPC) will provide scholarships to support the travel of palliative care workers to attend the 5th International Public Health and Palliative Care Conference. For additional information please go to: <https://hospicecare.com/about-iahpc/iahpc-programs/traveling-scholarship/>



Palliative Care Division



Pallium Canada

Palliative Care Education for All Care Providers - Mobilizing Compassionate Communities
Formation sur les soins palliatifs pour tous les soignants - Mobiliser les communautés bienveillantes



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs



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Corra, Graduate, Health Information Management Diploma
Health Information Clerk, Markham Stouffville Hospital

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Mike, McMaster CCE Addiction Careworker
Diploma graduate, CACCF, Team Lead,
Reconnect Mental Health Services



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CANADIAN JOURNAL *of* PUBLIC HEALTH REVUE CANADIENNE *de* SANTÉ PUBLIQUE

The *Canadian Journal of Public Health* is dedicated to fostering excellence in public health research, scholarship, policy and practice. The aim of the Journal is to advance public health research and practice in Canada and around the world, thus contributing to the improvement of the health of populations and the reduction of health inequalities.

CJPH publishes original research and scholarly articles submitted in either English or French that are relevant to population and public health.

CJPH is an independent, peer-reviewed journal published by the Canadian Public Health Association.

La *Revue canadienne de santé publique* se consacre à promouvoir l'excellence dans la recherche, les travaux d'érudition, les politiques et les pratiques de santé publique. Son but est de faire progresser la recherche et les pratiques de santé publique au Canada et dans le monde, contribuant ainsi à l'amélioration de la santé des populations et à la réduction des inégalités de santé.

La RCSP publie des articles savants et des travaux inédits, soumis en anglais ou en français, qui sont d'intérêt pour la santé publique et des populations.

La RCSP est une revue indépendante avec comité de lecture, publiée par l'Association canadienne de santé publique.

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ABOUT VACCINES411

Vaccines411.ca is an online vaccination clinic locator which also includes reliable immunization resources for Canadians to easily find the vaccination resources they need. This free online service was created in order to facilitate the process of vaccination for the many Canadians who do not know where to turn to for this kind of information.

Vaccines411® is managed by a dedicated team of professionals, which includes writers, researchers, translators and developers, amongst other specialists. The content and resources provided on Vaccines411 is selected and reviewed by our team based on clarity, objectivity and the credibility of its sources (i.e. government sourcing, medical reviews etc).

Our mission is to help Canadians stay healthy by giving them easy online access to their nearest vaccination clinics and reliable immunization resources.

VACCINES411 RESOURCES

- Beware of Mosquito Bites
- Flu Resources
- Infants and Children Resources
- Rabies Resources
- Travel Resources
- Vaccine Safety Resources

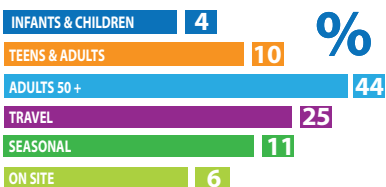
VACCINES411 SERVICES

- E-Brochure Microsites
- E-Learning Communications
- InfoFax Communications to Healthcare Professionals
- Newsletter Communications to Consumers



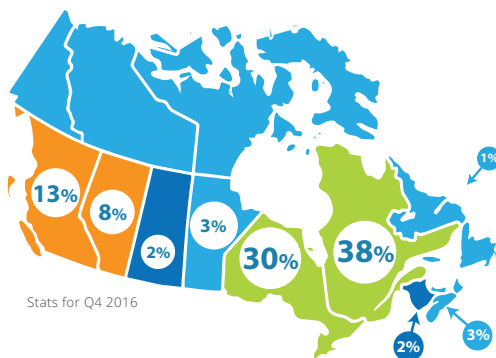
<https://vaccines411.ca/en/vaccine-e-brochures/>

Traffic by Category



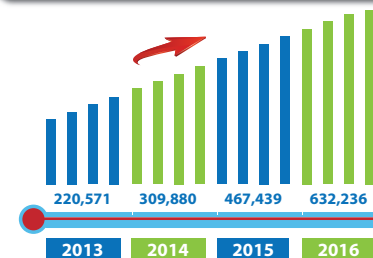
Stats for Q4 2016

Traffic by Province

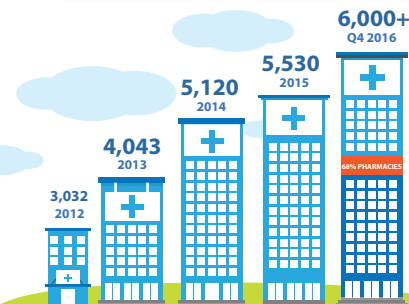


Stats for Q4 2016

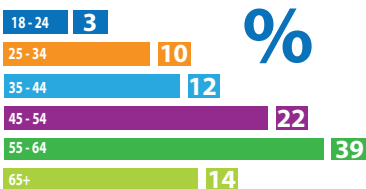
Unique Visitors



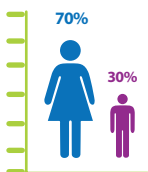
Registered Clinics



Traffic by Gender & Age



Stats for Q4 2016



SOME STATISTICS...

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Réflexions pour l'action dans un monde en mutation

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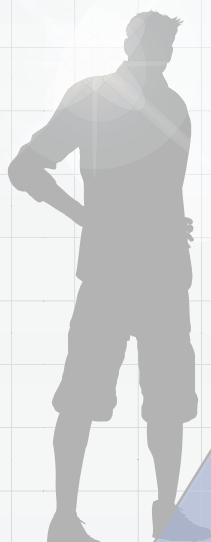


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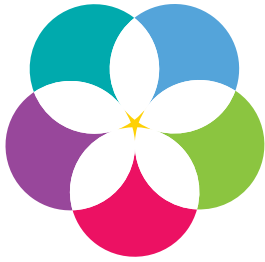
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- enhancing the capacity of the public health workforce in Nova Scotia by providing networking and educational opportunities.

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Call for Applications

THE COMMONWEALTH FUND AND CANADIAN FOUNDATION FOR HEALTHCARE IMPROVEMENT (CFHI) invite promising mid-career professionals—government policymakers, academic researchers, clinical leaders, hospital and insurance managers, and journalists—from Canada to apply for a unique opportunity to spend up to 12 months in the United States as a Harkness/CFHI Fellow in Health Care Policy and Practice. Established by The Commonwealth Fund in 1925, the Harkness Fellowships were modeled after the Rhodes Scholarships and aim to produce the next generation of health policy leaders in participating countries.

Fellows are placed with mentors who are leading U.S. experts at organizations such as Harvard University, Stanford University, Kaiser Permanente, and the Institute for Healthcare Improvement to study issues relevant to The Commonwealth Fund's mission to support a high performing health care system—insurance coverage, access, and affordability; health care delivery system reforms (e.g., bundled payments, accountable care organizations, innovative approaches to care for high-need/high-cost patients); cost containment; and other critical issues on the health policy agenda in both the U.S. and their home countries. A peer-reviewed journal article or policy report for Health Ministers and other high-level policy audiences is the anticipated product of the fellowship. Harkness Fellows have published their findings in top-tier journals, including: *BMJ*, *Health Affairs*, and *New England Journal of Medicine*.

The Commonwealth Fund brings together the full class of fellows—from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, and the United Kingdom—throughout the year to participate in a series of high-level policy briefings and leadership seminars with U.S. health care leaders.

Building on their fellowship experiences, Harkness Fellows have moved into senior positions within academia, government, and health care delivery organizations, making valuable contributions to health policy and practice at home and in the United States.

EACH FELLOWSHIP WILL PROVIDE UP TO U.S. \$130,000 IN SUPPORT, which covers roundtrip airfare to the U.S., living allowance, project-related travel, travel to fellowship seminars, health insurance, and U.S. federal and state taxes. A family supplement (i.e., approximately \$60,000 for a partner and two children up to age 18) is also provided to cover airfare, living allowance, and health insurance.

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Harkness Fellows as well as U.S. and international health policy experts have opened my eyes to the opportunities for us to learn from each other and to apply our knowledge to improve our own healthcare systems. My fellowship, based in Washington D.C. at the Office of the Assistant Secretary for Planning and Evaluation, provided me with an extraordinary opportunity to work with senior Administration officials and study bundled payments, one of the many innovative reform strategies being piloted in the United States. The experience gave me crucial insights into how the U.S. government implements and evaluates health policies, enriching my own research and thinking about knowledge translation of health system funding reforms.

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Jason Sutherland

(2012-13 Harkness/CFHI Fellow)

Associate Professor

Centre for Health Services and Policy Research
University of British Columbia



The Commonwealth Fund

CANADIAN APPLICATION DEADLINE

November 13, 2017

VISIT

www.commonwealthfund.org/fellowships
for more details and to apply.

CONTACT

Robin Osborn, vice president and director, International Program in Health Policy and Practice Innovations, at ro@cmwf.org to inquire about the program, eligibility, and proposed projects.

The Commonwealth Fund is a private foundation, established in 1918 and based in New York, which aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable.



DEMONSTRATED EVIDENCE FOR FLUZONE® HIGH-DOSE AN INFLUENZA VACCINE FOR INDIVIDUALS 65+



FLUZONE® High-Dose vaccine demonstrated superior efficacy vs FLUZONE®, a standard dose influenza vaccine.*†

24.2% more efficacious against laboratory-confirmed influenza illness caused by any viral type or subtype in adults 65 years of age and older (95% CI: 9.7; 36.5).^{‡§}

The attack rates of laboratory-confirmed influenza-like illness (primary endpoints) were 1.43% in the FLUZONE® High-Dose arm and 1.89% for the FLUZONE® arm.

INDICATIONS AND CLINICAL USE:

FLUZONE® High-Dose is indicated for active immunization against influenza caused by the specific strains of influenza virus contained in the vaccine in adults 65 years of age and older. Annual influenza vaccination using the most current vaccine is recommended as immunity declines in the year following vaccination.

CONTRAINDICATIONS: Known severe allergic reaction to egg protein or any component of the vaccine or after previous administration of FLUZONE® High-Dose or a vaccine containing the same components or constituents.

RELEVANT WARNINGS & PRECAUTIONS:

- FLUZONE® High-Dose vaccine is not indicated for persons less than 65 years of age.
- As with any vaccine, immunization with FLUZONE® High-Dose may not protect 100% of individuals. Protection is limited to those strains of virus from which the vaccine is prepared or against closely related strains.
- Do not administer FLUZONE® High-Dose vaccine by intravascular injection. Do not administer into the buttocks.
- Postpone vaccination in case of moderate/severe febrile illness or acute disease.
- Administer FLUZONE® High-Dose vaccine with caution in persons suffering from coagulation disorders or on anticoagulation therapy.

- Immunocompromised persons (whether from disease or treatment) may not elicit the expected immune response.
- Avoid vaccinating persons who are known to have experienced Guillain-Barré syndrome (GBS) within 6 weeks after a previous influenza vaccination.

FOR MORE INFORMATION: Consult the product monograph at sanofipasteur.ca/PM/fluzoneHD_e for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece. You may also contact Sanofi Pasteur's Vaccine Information Service (in Canada) at 1-888-621-1146.

Fluzone® High-Dose
INFLUENZA VACCINE

Senior Influenza Protection

For more information, please visit sanofipasteur.ca/PM/fluzoneHD_e for the Product Monograph.

* FLUZONE® High-Dose: trivalent influenza vaccine with 60 µg HA per strain/0.5 mL dose. † FLUZONE®: a standard dose trivalent influenza vaccine with 15 µg HA per strain/0.5 mL dose. ‡ In a multicentre study (FIM12) conducted in the United States and Canada, adults 65 years of age and older were randomized (1:1) to receive either FLUZONE® High-Dose or FLUZONE® Trivalent. The study was conducted over two influenza seasons (2011–2012 and 2012–2013). FLUZONE® High-Dose contained 60 µg of HA per strain/dose while FLUZONE® Trivalent contained 15 µg of HA per strain/dose. The per-protocol analysis set for efficacy assessments included 15,892 FLUZONE® High-Dose recipients and 15,911 FLUZONE® Trivalent recipients. The primary endpoint of the study was the occurrence of laboratory-confirmed influenza, defined as a new onset (or exacerbation) of at least one of the following respiratory symptoms: sore throat, cough, sputum production, wheezing, or difficulty breathing; concurrent with at least one of the following systemic signs or symptoms: temperature > 37.2°C, chills, tiredness, headaches or myalgia. § In the first year of the study, the influenza B component of the vaccine and the majority of influenza B cases were of the Victoria lineage; in the second year, the influenza B component of the vaccine and the majority of influenza B cases were of the Yamagata lineage. ¶ The pre-specified statistical superiority criterion for the primary endpoint (lower limit of the 2-sided 95% CI of the vaccine efficacy of FLUZONE® High-Dose relative to FLUZONE® > 9.1%; p-value against H₀: VE ≤ 9.1% = 0.022 one-sided) was met.



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