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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.

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.
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.

www.paho.org
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.


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
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.
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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 inclut 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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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 ÉXPERIENCE.

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 FLUADMD, FLUADMD 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.
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: Andrè Picard, Globe and Mail, Canada
Panelists: Dr. Alex Jadad, Canada, Dr. John Rosenberg, 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
“At 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. Jachim 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 Kortes-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
“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/
Economical Insurance includes the following companies: Economical Mutual Insurance Company, The Missisquoi Insurance Company, Perth Insurance Company, Waterloo Insurance Company, Family Insurance Solutions Inc., Smith Insurance Company, Pellets Insurance Company. Economical Select® is underwritten by Waterloo Insurance Company (underwritten by The Missisquoi Insurance Company in Quebec). Due to government insurance plans, Economical Select does not offer auto insurance in British Columbia, Saskatchewan or Manitoba. Economical Select does not offer insurance in Newfoundland and Labrador, Northwest Territories, Nunavut or Yukon. The agreement between Economical Select and your group sponsor may be terminated in accordance with its terms. Upon such termination, Economical Select will continue to provide the program to existing policyholders until their respective renewal dates. Discount ratings are based on a standard Economical Select auto and/or home insurance policy with no previous discounts applied and do not take into consideration other insurance provider policy rates. No purchase required. Open to legal residents of Canada, excluding residents of Quebec, the Northwest Territories, Nunavut, Yukon, Newfoundland and Labrador. Contest closes March 31, 2018 at 11:59 p.m. ET (earlier closing dates for some prizes). Limit 1 entry / 1 prize per person. Entrants’ information may be used for marketing. For Sponsor’s privacy policy see: economicalselect.com/privacy. For full rules visit: selectsweepstakes.com/rules. ©2017 Economical Insurance. All rights reserved. All Economical intellectual property, including but not limited to Economical® and related trademarks, names and logos are the property of Economical Mutual Insurance Company and/or its subsidiaries and/or affiliates and are registered and/or used in Canada. All other intellectual property is the property of their respective owners.

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Mike, McMaster CCE Addiction Careworker
Diploma graduate, DACOF, 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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We believe that public health is a product of a healthy community, a healthy environment, and a healthy economy. Each of us has a role to play in making public health a fact of life in Nova Scotia.

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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.

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.

“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.

Jason Sutherland
(2012-13 Harkness/CFHI Fellow)
Associate Professor
Centre for Health Services and Policy Research
University of British Columbia

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.†

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.

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.

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.

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).¶ §

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

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