

MaineHealth

Weekly H1N1 Update Newsletter
October 23, 2009

Welcome to the MaineHealth H1N1 Weekly Update Newsletter
A Publication of the MaineHealth H1N1 Workgroup

About this Newsletter:

This publication will be released each Friday morning throughout the fall and early winter to assist healthcare providers and infection prevention specialists in preparing for the effects of the H1N1 virus on the Maine population.

Each issue will contain:

- updates from national and state-wide public health organizations
- timely information related to workforce and target population vaccinations
- supply considerations

If you have additional questions or suggestions for this newsletter, please feel free to contact the publisher.

In This Issue:

- Maine CDC Update
- Health Care Providers Update

Quick Hits:

- Vaccine availability, distribution and priority populations
- CDC Advisory on Early Treatment with Antiviral Medications
- Podcast: Antiviral Drugs for the 2009-2010 Influenza Season
- New website for Reporting Possible Vaccine Adverse Events

For more information regarding these important points, please review the Maine CDC Update and Health Care Provider sections below.

Maine CDC Update:

Outpatient visits for influenza-like illness (ILI) increased in much of New England. Maine continues to see overall increases in outpatient visits for ILI. Much of this is most likely due to novel H1N1. The vast majority of people with ILI are not being tested, and do not need to be. People with confirmed H1N1 are primarily children and young adults.

Portland Schools have several confirmed cases of H1N1 in students. The first confirmed person with H1N1 in Aroostook County was reported in the northern part of that county this week. Gould Academy has had 3 students confirmed with H1N1 as well as 2 other students and 2 staff with the symptoms.

Two cases of seasonal influenza have been confirmed this last week in Maine, in individuals in Cumberland and Androscoggin counties. The vast majority of cases in Maine – as well as across the country – are novel H1N1.

- **H1N1 Vaccine Supply:** Vaccine has begun to arrive in Maine and is slowly becoming available. Approximately 21,800 doses of H1N1 vaccine arrived this week, both injectable and nasal spray. The additional supply brings the total to about 55,500 doses in the state, which are being shipped to registered health care providers immediately.
- The CDC will continue to focus the initial limited vaccine supplies on where it will be most effective, **primarily pregnant women as well as children** who are both disproportionately affected by novel H1N1 and are also major transmitters of influenza to others. Additionally, the CDC will continue to focus on vaccinating **health care workers who have frequent direct contact with patients and infectious material and who work in hospital emergency departments, pediatric, labor/delivery, and intensive care units.**
- The CDC estimates that Maine will receive about 340,000 doses of various formulations of H1N1 vaccine by early December (although this estimate could change). There are approximately 700,000 people in Maine who are in the high priority groups for receiving vaccine, out of about 1.3 million people total. Maine will eventually receive enough vaccine to be able to offer it to all Mainers who want it.
- **Vaccinating Priority Population:** The highest priority populations for H1N1 vaccine are children and pregnant women. The CDC is asking health care providers who receive shipments of this vaccine make sure it is **immediately available to schools** if they are serving as a distribution site for schools.
- About 90% of the H1N1 vaccine supply arriving in Maine these first few weeks should be directed to pregnant women and children. We encourage pediatric providers to collaborate with other practitioners who see relatively few pre-schoolers to ensure access to vaccine.
- 40% of the vaccine that is currently available is the nasal spray form that is **contraindicated for pregnant women, children under two, and people with health conditions.** Due to the lower than expected supply of vaccine, it is **possible that there will not be sufficient supplies of vaccine for even the highest priority people until December.**

- Several school districts are starting their vaccine clinics for H1N1 on October 26. They include schools in **Portland, Lewiston, and the Augusta area**. More information on which schools have clinics next week can be found on the clinic locator at www.maineflu.gov.
- **Target Populations**
 - **pregnant women;**
 - **children >6 months old;**
 - **household contacts and caregivers of young infants <6 months old;**
 - **residential school students; a few high-risk adults <65 years of age; and certain health care workers who have direct and frequent contact with high-risk patients and infectious materials – that is, inpatient pediatric, maternity, ICU, and emergency departments (since one of the main reasons for health care workers to be vaccinated is to protect the patients they work with).**
- A **public flu clinic calendar** is now available on-line at www.maineflu.gov. The CDC has required anyone putting on public or school H1N1 vaccine clinics to notify the CDC of the clinic locations and times so that they can be posted on the statewide calendar. Clinics offering just seasonal flu vaccine are also welcome to be posted.
- **Seasonal Flu Vaccine Delay:** The Maine CDC received about 20,000 doses of pediatric seasonal flu vaccine early this week, which was sent directly to schools that had ordered vaccine for clinics. It appears there will be continued delays in obtaining expected seasonal flu vaccine. Very recent information indicates it may be until late November when all the remaining shipments of our seasonal flu vaccine supply will arrive. Privately ordered vaccine has also been reported to be delayed. **Currently, the predominant virus is novel H1N1, so it is important to offer children and others at risk the H1N1 vaccine as soon as possible.**

Health Care Providers:

The US CDC issues a Health Advisory on Early Treatment with Antiviral Medications: When treatment of influenza is indicated in a patient with suspected influenza, health care providers should initiate empiric antiviral treatment as soon as possible. Waiting for laboratory confirmation of influenza to begin treatment with antiviral drugs is not necessary. Patients with a negative rapid influenza diagnostic test should be considered for treatment if clinically indicated because a negative rapid influenza test result does not rule out influenza virus infection. **The sensitivity of rapid influenza diagnostic tests for 2009 H1N1 virus can range from 10% to 70%, indicating that false negative results occur frequently.** Early empiric treatment with oseltamivir or zanamivir is **recommended for all persons with suspected or confirmed influenza requiring hospitalization.** Prompt empiric outpatient antiviral therapy is also recommended for persons with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration regardless of previous health or age.

Early empiric treatment should be considered for persons with suspected or confirmed influenza who are at higher risk for complications, even if not hospitalized, including:

- Children younger than 2 years old
 - Adults 65 years and older
 - Pregnant women
 - Persons with the following conditions: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus); disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders); immunosuppression, including that caused by medications or by HIV
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.
- [Podcast: Antiviral Drugs for the 2009-2010 Influenza Season](#)
This podcast discusses the use of antiviral drugs for the treatment and prevention of influenza, including 2009 H1N1, during the 2009-2010 influenza season. Created: 10/19/2009 by Centers for Disease Control and Prevention (CDC).
 - **Clinical features of severe cases of 2009 H1N1 influenza:** WHO hosted a three-day meeting in Washington, DC, to discuss findings and experiences from clinicians, scientists, and public health professionals involved in with managing severe cases of pandemic influenza. Participants agreed that the risk of severe or fatal illness is highest in three groups: pregnant women, especially during the third trimester of pregnancy, children younger than 2 years of age, and people with chronic lung disease, including asthma. Neurological disorders can increase the risk of severe disease in children. Evidence also showed that disadvantaged populations, such as minority groups and indigenous populations, are disproportionately affected by severe disease.
 - Primary viral pneumonia is the most common finding in severe cases and a frequent cause of death.
 - Secondary bacterial infections have been found in approximately 30% of fatal cases.
 - Respiratory failure and refractory shock have been the most common causes of death.
 - While people with certain underlying medical conditions, including pregnancy, are known to be at increased risk, **many severe cases occur in previously healthy young people.**
 - There is a growing body of evidence that **prompt treatment with the antiviral drugs, oseltamivir or zanamivir, reduces the severity of illness and improves the chances of survival.**

- In addition to pneumonia directly caused by replication of the virus, evidence shows that pneumonia caused by co-infection with bacteria can also contribute to a severe, rapidly progressive illness.
- Bacteria frequently reported include *Streptococcus pneumoniae* and *Staphylococcus aureus*, including methicillin-resistant strains in some cases. As these bacterial co-infections are more frequent than initially recognized, clinicians stressed the need to **consider empiric antimicrobial therapy for community acquired pneumonia as an early treatment.**
http://www.who.int/csr/disease/swineflu/notes/h1n1_clinical_features_20091016/en/index.html)
- **Interim Guidance on Infection Control Measures** for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm and Questions and Answers on the new guidance: http://www.cdc.gov/h1n1flu/guidance/control_measures_qa.htm. **This new guidance has important information on controlling H1N1 in the health care setting.**
- Three laboratories can now confirm novel 2009 H1N1 influenza tests with PCR testing: ALI (Affiliated Laboratory) and **NorDx laboratories** in Maine are now able to confirm 2009 H1N1 influenza, in addition to Maine CDC's Health and Environmental Testing Laboratory (HETL).
- **Reporting Possible Vaccine Adverse Events:** A new Web site for the Vaccine Adverse Event Reporting System (VAERS) has been launched and is available at www.vaers.hhs.gov. VAERS is a national program co-managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to monitor the safety of all vaccines licensed in the United States. It is a passive surveillance system that collects and analyzes important information from reported adverse events that occur after vaccination. The system relies on reports from healthcare providers, vaccine manufacturers, and the general public. Health care providers may report to VAERS electronically, by mail, or fax. You can also search the VAERS database, via the Web site, for information and summaries on particular adverse events reported for specific vaccines. Please note that VAERS cannot determine if an adverse event was caused by a vaccine, but can help determine if further investigations are needed.

Supplies:

The MaineHealth Supply Chain Management Steering Committee met last week and agreed to reserve 2500 courses of the antiviral medication Tamiflu through a subscription with the Roche pharmaceutical company.

- All of the MaineHealth hospitals have antiviral medication in stock at the current time, as do the local commercial pharmacies.
- The reservation will help to ensure access to antivirals, **only if needed**, over the next year.
- Recent studies suggest that hospitalized patients with H1N1 have improved morbidity and mortality if treated with antivirals.

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