

MaineHealth

Weekly H1N1 Update Newsletter
October 30, 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 on Vaccine Supply and Delays
- Antiviral Treatment and Chemoprophylaxis
- New Educational Resources for Providers
- Receiving H1N1 Vaccine at your Practice
- Supplies: Vaccine, Antivirals, and Masks

Quick Hits:

- **As of October 28, a total of 99,000 doses of vaccine** have been distributed across Maine by the CDC. This **represents only 14%** of the total amount of vaccine needed for **prioritized populations** in the state. The Maine CDC continues to modify its plan for distribution of the vaccine based on current trends in infections, prioritized populations, and the supply available.
- If you are a Health Care Provider who is part of a larger health system/practice that has already placed a vaccine order, the **CDC asks that you not register as a separate provider, to prevent duplication**. A link to the registration website is included in this publication.
- Although the efficacy and safety of Peramivir have not yet been established, the FDA has issued an **Emergency Use Authorization of Peramivir IV**.

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

Maine CDC Update:

The 2009 H1N1 flu is now widespread in Maine, as it is in nearly all U.S. states. The 2009 H1N1 flu is the predominant influenza virus in circulation in most countries worldwide.

In the past week, there were two new hospitalizations for H1N1 flu in Maine; both patients have been discharged and are recovering. Maine continues to see overall increases in outpatient visits for influenza-like illness; most likely due to H1N1. The vast majority of people with H1N1 are not being tested, and do not need to be. Confirmed H1N1 cases are primarily in children and young adults, and nine new outbreaks of H1N1 were reported in school settings over the past week.

Current H1N1 Vaccine Supply: As of October 28, a total of 99,000 doses of vaccine have been distributed across Maine by the CDC. This represents only 14% of the total amount of vaccine needed for **prioritized populations** in the state. The Maine CDC continues to modify its plan for distribution of the vaccine based on **several factors, including current trends in infections, prioritized populations, and the supply available. Every county in the state has received some vaccine, and will continue to receive it as it is available.**

- **Maine CDC is focusing initial doses of vaccine on children and pregnant women because they are the most disproportionately affected by H1N1.** The CDC continues to provide vaccine to pediatric providers for very young children, household members of children under six months old, and some high-risk children. The majority of vaccine has been distributed to schools.
- Approximately **12,000 children have been vaccinated with H1N1 this week** through school based clinics. Vaccine clinics for school children have been held in the Sanford/Springvale, Greater Portland, Lewiston, Augusta, and Bangor areas, as well as in the Passamaquoddy Indian Township in the past week. Vaccinating children, who are the major transmitters of flu, provides some protection to the entire community. More information on schools based clinics can be found on the clinic locator at www.maine flu.gov.
- **As more vaccine arrives in Maine, the CDC will broaden distribution to other high risk groups, including young adults, people with health conditions, and health care and emergency services personnel.** Once the full supply of vaccine has arrived, the CDC plans to offer it to anyone who wants it.
- **The CDC is asking that health care providers receiving shipments of H1N1 vaccine make sure it is immediately available to schools (if they are serving as a distribution site for schools), and that in general, pregnant women and children be prioritized. About 90% of the H1N1 vaccine supply arriving in Maine these first few weeks should be directed to pregnant women and children.** The CDC also encourages pediatric providers to collaborate with other practitioners who see relatively few pre-schoolers to ensure access to vaccine.

Seasonal Flu Vaccine Delay: Seasonal flu vaccine supply continues to be delayed in Maine. Both CDC and privately ordered vaccine have been reported delays, and it may be until late November before supplies arrive in Maine. **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:

Antiviral Treatment Recommendations: Since Maine is experiencing delays in receiving both H1N1 and seasonal flu vaccines into the state, **health care providers are encouraged to keep current on antiviral treatment recommendations:**

Education Opportunities:

- **EUA on Peramivir IV:** At this time the FDA has no approved intravenous formulation of antiviral product for the treatment of hospitalized patients with influenza. Peramivir IV is currently under development for treatment of acute influenza in patients who require hospitalization due to the severity of influenza virus infection. Although the efficacy and safety of Peramivir have not yet been established, the FDA has issued an **Emergency Use Authorization of Peramivir IV** (<http://www.cdc.gov/h1n1flu/eua/peramivir.htm>). For more information, visit the following website: <http://emergency.cdc.gov/h1n1antivirals/>.
- **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).

Empiric Antiviral Treatment:

When treatment of influenza is indicated in a patient with suspected influenza, health care providers should **initiate empiric antiviral treatment as soon as possible**. 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.**

Post-exposure Antiviral Chemoprophylaxis with either oseltamivir or zanamivir can be considered for the following groups:

- Persons who are at higher risk for complications of influenza and are a close contact of a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.
- Healthcare personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period. Information on appropriate personal protective equipment is available at: [Infection Control for Patients in a Healthcare Setting](#) and might be updated frequently as additional information on transmission becomes available.
- Antiviral agents should not be used for post exposure chemoprophylaxis in healthy children or adults based on potential exposures in the community, school, camp or other settings.
- Chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the last contact with an infectious person.
- Chemoprophylaxis is not indicated when contact occurred before or after, but not during, the ill person's infectious period as defined above.
- Patients given post-exposure chemoprophylaxis should be informed that the **chemoprophylaxis lowers but does not eliminate the risk of influenza** and that protection stops when the medication course is stopped. Patients receiving chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness that might indicate influenza.

Other Important Educational Resources:

- **Influenza triage algorithms** for adults (>18) and children (<18) are available on the US CDC website at <http://www.cdc.gov/h1n1flu/clinicians>. For ease of access they will be included as an attachment to this newsletter.
- **New! The American Medical Association (AMA)** launched the nation's first **comprehensive web-based Flu Health-Assessment Program** for patients and physicians this week. This free flu Web site allows patients to assess symptoms quickly, interact with their physician, and receive advice on when to return to work. The web site, AMAfluhelp.org, also provides a set of online tools to help physicians monitor their patients' symptoms, facilitate care and treatment decisions, and efficiently manage their practices' patient flow.
- **CDC 24/7 Helpline:** Have an important clinical question? Health care providers can access the Maine CDC 24/7 help line at **1-800-821-5821** for a prompt response to clinical questions.
- **Provider FAQ's:** access them on the CDC website at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/provider-faq.shtml>, or at the US CDC website at <http://www.cdc.gov/h1n1flu/vaccination/professional.htm#3>.

Receiving H1N1 Vaccine at your Practice:

- Health Care Providers may still sign up to receive H1N1 vaccine by completing the registration form: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/provider-agreement-2009-2010.shtml>. Registered providers may find order forms and vaccine reporting forms here: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>.
- **It is expected that all health care providers who have registered to receive vaccine will eventually receive it.** Providers are notified by fax when vaccine is assigned to them for shipping.
- **If you are a Health Care Provider that is part of a larger health system that has already placed an order for your practice, we ask that you not register as a separate provider, to prevent duplication.**

Supplies:

- The federal stockpiles of antivirals and respirators are expected to be increased in Maine in the near future. This increase supply may help to ease the current restrictions around access to these supplies for local hospitals and other health care providers.
- State supply of antivirals will initially be focused on those patients who are uninsured or unable to afford antiviral medications, primarily in the outpatient setting. Although logistics have not been finalized, it appears that the state may distribute antivirals for this population to hospitals, outpatient settings and potentially commercial pharmacies.
- There have been **reports of limited supply lines of surgical masks due to the recent pandemic.** For those settings that rely on these masks for their daily work, it may be **prudent to evaluate current supplies and availability.**

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