

MaineHealth

Weekly H1N1 Update Newsletter
November 20, 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.

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Quick Hits:

- **H1N1 Vaccine Supply**
 - Enough vaccine for roughly 30% of priority populations has been received.
 - The FDA approved use of the CSL vaccine for infants and children. This new approval is not reflected on the vaccine's package inserts yet. It also approved an additional vaccine for H1N1 flu which is expected to arrive in Maine sometime in mid-late December.
 - The CDC is not delivering vaccine the day after Thanksgiving.
 - If you are a registered H1N1 vaccine provider, please inform the Maine CDC's Immunization Program of any anticipated holiday closings into February 2010 so those closings will not affect vaccine shipment.
- **Vaccine Administration Reporting:** Maine CDC is requesting that all H1N1 vaccine providers and/or administrators submit vaccine administration data into the Maine CDC's weekly vaccine reporting system.
- **Weekend Run for Screening Tests:** NorDx has added a weekend run for H1N1 screening tests. The additional tests will be run on Sunday mornings. All specimens received at MMC's labs by 5 am on Sunday morning will be run that day, with results anticipated to be available around 2 pm.
- **Pneumococcal Vaccine to Reduce Secondary Infections:** Flu infections can make people more susceptible to developing pneumococcal infections. The CDC's Advisory Committee on Immunization Practice (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age. Special emphasis should be placed on vaccinating adults 2 through 64 years of age who have established high-risk conditions for pneumococcal disease.

Maine CDC Update:

H1N1 continues to expand and worsen in Maine amid increasing vaccine shortages relative to demand and under-utilization of antiviral medicines.

This week's statistics:

- Schools: 143 schools, 44 of which are new, have reported high absenteeism (> 15%) due to flu. Two schools chose to close due to absenteeism.
- Other Facilities: An outbreak of H1N1 in a long-term care facility was reported over the weekend. There were five other additional institutional outbreaks reported as well.
- Hospitals: 50 people were hospitalized this week due to H1N1, up from 19 hospitalizations last week. Half of the new hospitalizations were children, two were or currently are in intensive care; 23 were adults ages 19-65, seven of whom were or are in intensive care; and 2 people were older than 65, neither of whom needed intensive care.
- ED Visits: One in six visits to an emergency department was flu-related.
- Deaths: Two deaths reported over the past week.
- Outpatient Visits: Rates of visits to outpatient settings continue to be elevated across the state.

H1N1 Vaccine Supply: Maine has received 210,500 doses of vaccine to date – **about 30% of what is needed for priority populations.** For this reason, Maine CDC has had to prioritize within US CDC's priority groups for vaccine, based on trends in infections, the type and amount of vaccine available, and readiness of partners to administer vaccine.

- **Currently, Maine CDC priority groups for vaccination are:**
 - **All children 6 months – 18 years of age**
 - **Pregnant women**
 - **Caregivers and household members of infants younger than 6 months old**
 - **Adults 18 – 64 years of age with the most severe chronic medical conditions****
 - **Health care personnel with frequent direct contact with infectious materials and hospital inpatients who are at high risk (pregnant women, children, and high-risk adults older than 65)**
- **The US Food and Drug Administration (FDA) this week approved:**
 - An additional vaccine for H1N1 flu which is expected to arrive in Maine sometime in mid-late December.
 - Use of the CSL vaccine for infants and children. This new approval is not reflected on the vaccine's package inserts yet. This vaccine is already in use for those 18 and older.
- Access to vaccine for **household members of infants younger than six months old, pre-school aged children** is expected to improve in the next few weeks. Vaccine has been shipped to pediatric health care providers and Public Health Nurses are conducting vaccine clinics in preschool settings for high-risk children, and will soon be conducting vaccine clinics in Head Start locations. Other

community organizations are also starting to organize clinics for preschool aged children. For more information please check the flu clinic locator at: www.maine flu.gov.

- **People younger than 65 and at high risk due to underlying medical conditions** are expected to have more access to the H1N1 vaccine over the next several weeks as well. A limited amount of vaccine formulation ideal for adults is being distributed to specialists serving **adults at highest risk** – pulmonologists, cardiologists, oncologists, neurologists, rheumatologists, infectious disease physicians, and dialysis centers. In the next week, the CDC hopes to be able to distribute increasing amounts of vaccine to other adult practices, such as internal medicine physicians. In addition, clinics for high risk groups will be starting in the coming weeks. They will also be posted on the flu clinic locator at: www.maine flu.gov.
- The CDC hopes to provide more vaccine for **health care workers** by the end of this month as the vaccine formulations for adults become more available. Health care workers who fit into another high-risk group (pregnant, household member of an infant younger than six months, younger than 65 with an underlying health condition) should try to access vaccine now through their employer, primary care provider or through the flu clinic locator at: www.maine flu.gov.
- Once all of the prioritized groups have been vaccinated, the CDC anticipates that there will be enough vaccine for anyone who wants it. However, vaccine may not be available to those not included in the priority groups **until early in 2010**.

Reporting Vaccine Administration: The CDC has discovered that there is a lack of reporting when vaccine is administered, which could impact the flow of vaccine to those states that are not showing evidence of using it.

- The Maine CDC is requesting that **all H1N1 vaccine providers and/or administrators submit vaccine administration data into the Maine CDC's weekly vaccine reporting system**. The weekly vaccine reporting form can be found at: <http://www.maine.gov/dhhs/boh/maine flu/h1n1/health-care-providers.shtml>. The vaccine reporting periods on the form are the same timeframe as the dates for the vaccine clinics.

Holiday Distribution: Please note that the CDC is **not** delivering vaccine the day after Thanksgiving. Maine CDC's Immunization Program has asked all registered H1N1 vaccine providers to inform them of any anticipated holiday closings into February 2010, so that holiday closings will not affect vaccine shipment.

Health Care Providers:

Health care providers should be aware that **flu infections can make people more susceptible to developing pneumococcal infections, which can cause serious complications, including death.** Increases in pneumococcal disease were seen during all three of the flu pandemics that occurred in the twentieth century, and a number of the US CDC's Active Bacterial Core surveillance (ABCs) sites have seen greater than expected numbers of cases of invasive pneumococcal disease coincident with increases in influenza-associated hospitalizations. A causal relationship between 2009 H1N1 influenza and this increase has not yet been established, but CDC is pursuing that question with state and local public health officials.

Pneumococcal Vaccine to Reduce Secondary Infections

- Influenza predisposes individuals to developing bacterial community-acquired pneumonia. During each of the influenza pandemics of the 20th century, secondary bacterial pneumonia was a frequent cause of illness and death and *S. pneumoniae* was reported as the most common etiology. These findings also apply to seasonal influenza. Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection.
- The US CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. **Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection.** All children younger than 5 years of age should **continue** to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.
- Although there is no evidence that the pneumococcal vaccine is harmful to either a pregnant woman or to her fetus, **it is not recommended during pregnancy.** Women who have underlying conditions known to put them at risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.
- **The complete Health Alert on pneumococcal vaccine and prevention of secondary bacterial infections can be found at the following site:** <http://www.cdc.gov/H1N1flu/HAN/111609.htm>. The CDC has also issued a Q&A on influenza and invasive pneumococcal disease (http://www.cdc.gov/h1n1flu/vaccination/qa_pneumococcal_disease.htm).

Expanded H1N1 Testing at NorDx: NorDx has added a weekend run for H1N1 screening tests. The additional tests will be run on Sunday mornings. All specimens received at MMC's labs by 5 am on Sunday morning will be run that day, with results anticipated to be available around 2 pm. Currently, NorDx is running 50 - 60 tests daily, and over half of them have been positive for H1N1 influenza.

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.**

Oral Tamiflu suspension: Tamiflu® suspension is **now available at many Hannaford pharmacies across the state**. MaineCare is promulgating emergency rules to increase the reimbursement for compounding pediatric suspension from \$4.35 to \$10. The FDA has issued guidance on compounding an oral suspension of Tamiflu® to provide multiple prescriptions which can be found at the following website:

<http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm188629.htm>.

Other Important Educational Resources:

- **Mixing Tamiflu® with Sweet Liquids**, a short video that demonstrates how to prepare a sweet liquid mixture for children who cannot swallow capsules, is now available at: <http://www.cdc.gov/CDCTV/MixingTamiflu/index.html>.
- **Antiviral medications and patient safety:** The US CDC has posted information for providers on the safety and use of antivirals on its web site, http://www.cdc.gov/H1N1flu/antivirals/safety_info.htm.
- **Influenza triage algorithms** for adults (>18) and children (<18) are available on the US CDC website at <http://www.cdc.gov/h1n1flu/clinicians>.

Patient Education from the CDC:

People should assume that they will be exposed to the flu at some point, and with only enough vaccine for 1 in 10 people in Maine right now, everyone should take precautions to prevent serious illness:

- Stay home if you are sick, until you are fever-free for a full 24 hours without taking fever-reducing medicine.
- Cough and sneeze into your elbow, or into a tissue. Throw this tissue away.
- Wash your hands frequently with soap and water, but especially after coughing and sneezing. Alcohol-based hand gels can also be used.
- Avoid touching your nose, mouth, and eyes. Germs can be spread by touching contaminated surfaces and then touching your eyes, nose, and mouth.
- Avoid contact with sick people. If you are at very high risk for complication, you may want to avoid large crowds.
- If and when vaccine is available, consider getting both seasonal and H1N1 flu vaccines.
- **Contact your health care provider if there are flu-like symptoms in a household where anyone is younger than 2 years old, 65 years or older, pregnant, and/or has an underlying medical condition. There are prescription medicines (antivirals such as Tamiflu®) that may help.**
- **Although most people can stay home without seeing a health care provider, anyone with the flu should seek medical attention for:**
 - Dehydration
 - Trouble breathing
 - Getting better, then suddenly getting a lot worse
 - Any major change in one's condition

Supplies:

Maine CDC's Antiviral Stockpile: In an effort to minimize financial barriers, Maine CDC has mobilized a significant portion of the state-purchased stockpile of antiviral medications for use by patients who do not have adequate insurance coverage (no insurance, high deductibles, high co-pays). Read the full Health Alert issued on this topic for more detailed information at:

<http://www.maine.gov/tools/whatsnew/index.php?topic=DHHS-HAN&id=84066&v=alert>

Publisher:

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

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