

MaineHealth

Weekly H1N1 Update Newsletter
October 9, 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
- Vaccine Coordinator's Contact Information

Quick Hits:

- **H1N1 Vaccine Arrives in Maine – additional doses due to arrive next week.**
- **Emergency rules for health care facilities issued by Maine CDC/DHHS**
- **Pediatric seasonal flu vaccine continues to be delayed**
- **New for providers! Influenza triage algorithms.**
- **Vaccine Ordering Recommendations for Hospital Providers**

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

Maine CDC Update:

The CDC is reporting increased flu activity in Maine and the US. More than half of the country is seeing widespread influenza, with nearly all of it being the 2009 novel H1N1 influenza strain.

Outpatient visits for influenza like illness (ILI) increased in much of New England. Maine has also seen an increase in outpatient visits for influenza like illness, especially in emergency departments. There have been occasional cases of H1N1 detected in students, but no new outbreaks have been identified this past week. There was one new hospitalization reported this past week of a college student which was due to H1N1.

- **H1N1 Vaccine Arrives in Maine!** Approximately 14,800 doses of H1N1 nasal spray vaccine arrived in Maine this week. The CDC anticipates being able to order about another 20,000 doses of H1N1 vaccine this week, which will include both injectable and nasal spray forms of the vaccine. The additional supply should arrive in Maine early next week, for a total of about 35,000 doses in the state.
- Vaccine access will be **initially targeted to those populations at highest risk**, including pregnant women, infants and children, who are at high risk for complications. CDC distribution plans for the next several weeks will focus on settings where these populations can be most easily reached, such as obstetrical and pediatric practices and schools. Vaccine efforts will also be heavily focused in K-12 schools and residential schools with children and young adults because of the potential positive impact on the entire community. Studies show children are the major transmitters of influenza in a community.
- Vaccination efforts will also be targeted on **health care workers who have direct contact with patients and infectious material**, especially those who work on inpatient pediatric, maternity, intensive care units, and emergency departments.
- **Vaccine distribution:** The CDC is finalizing its determination of distribution sites. All hospitals that have registered as providers will be included in that list, and may be asked to redistribute vaccine to smaller provider sites or other community partners. Designated sites will begin to receive Provider packets with PIN #s and ordering instructions this week from the CDC.
- It is estimated that Maine will receive about 340,000 doses of various formulations of H1N1 vaccine over the next eight weeks (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. Although Maine will eventually get enough vaccine to be able to offer it to all those who want it, it is important that the **distribution of the vaccine be initially focused on those in the highest priority groups**. A health advisory on this topic was issued October 7th and can be found at: <http://www.maine.gov/tools/whatsnew/attach.php?id=80502&an=2>.

- Health care providers who would like to have H1N1 vaccine shipped directly to them need to **register as an H1N1 provider** and place orders as soon as possible. For more information on how to register, see the section for health care providers at: www.maineflu.gov.
- **Emergency rules** for health care facilities: This week Maine CDC/DHHS issued emergency rules mirroring the long-existing rules for seasonal influenza that require licensed health care and certain other facilities to offer seasonal influenza vaccine to their employees with direct patient contact. **The new rules require these facilities to offer H1N1 vaccine to their employees.** They also require quarterly reporting starting December 15th on the number of employees who are vaccinated and the total number of employees who are offered the vaccine. Information on the revised rules can be found at: <http://www.maine.gov/sos/cec/rules/10/chaps10.htm#144> as well as on www.maineflu.gov.
- **Pediatric seasonal flu vaccine continues to be delayed.** The CDC recommends that schools that have not received their seasonal flu vaccine supplies start preparing to offer H1N1 vaccine and not necessarily wait until both vaccines are available. Very recent information indicates it may be late November before all the remaining shipments of CDC seasonal flu vaccine supply will arrive.
- 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.

Health Care Providers:

Current H1N1 administration guidelines: The CDC is encouraging providers to focus **early administration of H1N1 vaccine** on the following sub-priority groups:

- Pregnant women;
- Persons who live with or provide care for infants aged <6 months (e.g. parents, siblings, and daycare providers of young infants);
- Children and young adults aged 6 months through 24 years;
- Persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications;
- Health care and emergency medical services personnel, especially those who work in hospital emergency departments, inpatient pediatric, maternity, and intensive care units.

H1N1 vaccine dosing information:

- Pre-Filled Syringe Vaccine 0.5 mL should be offered primarily to pregnant women and children 3 – 5 years old.
- Pre-Filled Syringe Vaccine 0.25 mL should be offered to 6 months – 35 months old.
- LAIV (*live attenuated influenza vaccine*, nasal spray) should be offered primarily to healthy young children (ages 2 – 5 years old), household contacts and caregivers of infants <6 months old, then as supplies allow, to older children and young adults up to age 25, and health care workers. **LAIV is only licensed for healthy non-pregnant 2 – 49 year olds.**
- Multi-dose vials should be prioritized for children, young adults, adults under 65 with severe underlying conditions, and high priority health care workers.
- All formulations of H1N1 vaccine should be **carefully reviewed** since each brand and each presentation has different populations it is licensed for.
- Children ages 6 months through 9 years of age (<10) may need **TWO** doses of H1N1 flu vaccine given about 1 month apart (28 days).
- You can administer other vaccines at the same time, **except two nasal vaccines (live attenuated influenza vaccines) should not be administered at the same time.**
- For patients with egg allergies, asking patients if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions from receiving influenza vaccines. Persons with symptoms of egg allergy or documented hypersensitivity should consult with a physician before the vaccine should be considered.

Testing guidelines: This season CDC recommends that influenza diagnostic testing be prioritized for 1) hospitalized patients with suspected influenza; 2) patients for whom a diagnosis of influenza will inform decisions regarding clinical care, infection control, or management of close contacts; and 3) patients who died of an acute illness in which influenza was suspected. For more information please see the complete set of guidelines at www.maineflu.gov.

New for providers! Influenza triage algorithms for adults (>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 week's newsletter.

Hospital providers- Vaccine Ordering & Documentation: Hospitals should order all the vaccine they need immediately for their high priority direct healthcare population. The vaccine will not be shipped out directly without the provider requesting the vaccine using the forms provided by Maine CDC. Provider packets with PIN #s and ordering instructions continue to be sent out by the CDC on a daily basis to those who submitted the H1N1 provider agreement. No hospitals that submitted the provider agreement request were denied. H1N1 vaccine targeted for high priority healthcare workers will begin to arrive next week. **It is imperative that all Acute Care Facilities do the following:**

- Determine the number of doses your organization will be ordering for yourself, based on the data that you recently provided to your RRC on behalf of Maine CDC. If you did not keep a record of these highest priority healthcare workers to receive H1N1 vaccine (ED, ICU/SCU, OB/MATERNITY, PEDIATRIC, RESPIRATORY, RADIOLOGY, PLEBOTOMY), please contact your Regional Resource Center director.
- Determine the anticipated number of doses your organization will be ordering for other affiliates or partner agencies (schools, EMS, Fire, Long Term Care Facilities, Home Health Care Agencies, Hospice, Residential Care, Universities/Colleges, etc.). Most of these types of organizations **will not** be appointed as "ship to sites" for the H1N1 vaccine and may therefore call you to seek assistance (ordering, receiving, redistribution). Each organization must determine their capacity and capability to serve as a "ship to site" on behalf of other organizations. Remember, the doses are multi-dose vials and will require much less storage space. The Regional Resource Centers will collect the requests and work directly with each of your organizations to match up requests; sites that are not designated as distribution sites may be calling you directly for assistance.
- If you find you need more doses of the H1N1 vaccine you may continue to order via the same process outlined in the paperwork forwarded with your confirmation letter. You can order vaccine as often as necessary.
- Remember to document transfers of doses as well as the aggregate data pertaining to # of doses given. **This data must be reported to Maine CDC by Saturday night each week.**

Billing information: A new CDC Q&A on billing and finances of H1N1 vaccine is available at http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine_financing.htm.

Vaccine Coordinators:

Vaccine Coordinators have been appointed for each Public Health District in Maine. Vaccine Coordinators will be one component of **district leadership teams**, which also include staff from the three Regional Resource Centers for Public Health Emergency Preparedness and Emergency Management Agencies.

- District 1 – York: Sharon Leahy-Lind, 490-4625
- District 2 – Cumberland: Meredith Tipton, 592-5631
- District 3 – Western Maine: MaryAnn Amrich, 753-9103
(Franklin, Oxford, and Androscoggin counties)
- District 4 – Mid Coast: Jen Gunderman-King, 596-4278
(Waldo, Knox, Lincoln, and Sagadahoc counties)

- District 5 – Central Maine: Sue Lee, 592-5634
(Somerset and Kennebec counties)

Publisher:

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