

MaineHealth

Weekly H1N1 Update Newsletter
November 6, 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
- Patient Education
- Supplies

Quick Hits:

- H1N1 Vaccine Supply ~ 40,000 doses are expected to arrive this week, bringing the total to 138,600 doses or 20% of the total amount of vaccine needed for prioritized populations in Maine.
- Veteran's Day Deliveries ~ the national distributor of H1N1 vaccine will be open for business and delivering vaccine on Veteran's Day, Wednesday, November 11th. The Maine CDC is contacting registered vaccine providers to ensure that deliveries can be fulfilled.
- Antiviral Treatment Information and Educational Opportunities are shared
- State Antiviral Stockpile ~ Maine has mobilized a significant portion of state-purchased antiviral medications for use by those who do not have adequate insurance coverage. Visit the website listed below for more information.

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 continues to be widespread in Maine, and is more widespread than it has been in years. This is consistent with what other states are experiencing.

In the past week, there have been increases in visits to health care providers for influenza-like illness (ILI) as well as increases in school absences. There have been 24 new outbreaks of ILI reported in K-12 schools and one in a university over the past week. The majority of the outbreaks have occurred in Kennebec and Penobscot counties, although outbreaks were also reported in Androscoggin, Aroostook, Franklin, Lincoln, Oxford, Somerset, Washington, and York counties. There have now been confirmed cases of H1N1 in every county in Maine, and most of these cases have been children.

There were **10 people hospitalized over the past week due to H1N1**, nearly all of whom have been discharged. Four of the hospitalized patients were otherwise healthy children; one was a young adult; and five were middle-aged adults. Additionally, a **second death from H1N1 influenza has been reported this week** in a young adult with underlying medical conditions.

H1N1 Vaccine Supply: Vaccine is being distributed by the Maine CDC at an unprecedented speed. Almost 40,000 doses of vaccine were expected to arrive as of November 5, bringing the total doses of vaccine in the state to 138,600. This is about 20% of the total amount of vaccine needed for **prioritized populations** in the state. The CDC continues to ship the vaccine as soon as it is allocated.

- It is possible that there will not be sufficient supply of vaccine for some of the highest priority people until next month.
- Vaccine is being distributed to providers based on several factors including current trends in infections, prioritized populations, and the supply available.
- 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 first to receive the vaccine.**
- The national distributor of H1N1 vaccine **will be open for business and delivering H1N1 vaccine** on Veterans Day, Wednesday, November 11. The Maine CDC is contacting registered vaccine providers to ensure that deliveries can be fulfilled on Veterans Day as appropriate, based on supply and prioritization.
- **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.
- The school-based vaccine clinics have been successful in vaccinating thousands of Maine children with little disruption for students or parents. Nearly 100 schools have already conducted clinics, and **more than 200 are scheduled for this week and next.**

- **Preschool children and infants:** the specific formulation of H1N1 vaccine for children ages 6 months – 3 years-old is now available for the Maine CDC to order. Since late last week, the CDC has distributed approximately 6,600 doses to pediatric and family practices across the state. It is anticipated that an additional 11,000 doses of this formulation will arrive over the next week, and the CDC will continue to distribute as noted above. If the national vaccine estimates continue as anticipated, there should be about 20,000 doses of this form of the vaccine distributed in Maine before Thanksgiving. This should provide strong coverage for infants and toddlers, who number about 35,000 in Maine.

Seasonal Flu Vaccine Delay: Seasonal flu vaccine supply continues to be delayed in Maine. Both CDC and privately ordered vaccine have been delayed, 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:

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

- **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).
- **Oral Tamiflu suspension:** 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>
- **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

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:

- 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>.
- **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>.

Patient Education from the CDC:

People should assume that they will be exposed to the flu at some point. 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, the 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). For more information on how to access these medications for patients in need please read the full Health Alert issued by the Maine CDC at: <http://www.maine.gov/tools/whatsnew/index.php?topic=DHHS-HAN&id=84066&v=alert>.

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