

MaineHealth

Weekly H1N1 Update Newsletter
November 13, 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 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
- Supplies

Quick Hits:

- H1N1 Vaccine Supply:
 - Enough vaccine for roughly 25% of targeted populations has been received.
 - 95% of all K-12 schools that signed up to provide H1N1 vaccine will have administered their first doses to children by the end of next week.
 - Access to vaccine for household members of infants younger than six months, pre-schoolers and people younger than 65 with underlying medical conditions will improve over the next few weeks.
 - Seasonal flu vaccine continues to be delayed.
- 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. The website is included in this newsletter.
- Tamiflu® Pediatric Suspension Supply: Tamiflu® suspension is now available at many Hannaford pharmacies across the state. For a list of those stores, please see the attached

worksheet. MaineCare is promulgating emergency rules to increase the reimbursement for compounding pediatric suspension from \$4.35 to \$10.

- Antiviral Treatment Information and Educational Opportunities are Shared

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. Statewide, schools are reporting increased absenteeism due to influenza-like illness (ILI), with rates ranging from 15% to almost 50%, and there were **65 new school outbreaks** reported this week. Schools in two communities have closed due to absenteeism among students as well as staff.

A total of **19 people were hospitalized this week** due to H1N1, up from 10 hospitalizations last week. Of those hospitalized, 5 were children; 3 were young adults; 10 were adults younger than 65; and one was an adult 65 or older. Two of the adults required intensive care.

There were two deaths reported over the past week – one in a young adult reported in a press release late last week, and another in an adult in the 50-64 age group. Both deaths were in Penobscot County and both individuals had severe underlying conditions.

H1N1 Vaccine Supply: An additional 41,800 doses of H1N1 vaccine were distributed across Maine this week, bringing the total vaccine in the state to 180,400 doses. **Currently, the Maine CDC has received enough vaccine for approximately 25% of the targeted priority populations in Maine.** For this reason, Maine CDC has had to prioritize within the priority groups, based on trends in infections, the type and amount of vaccine available, and readiness of partners to administer vaccine.

- The CDC is currently distributing vaccine for use in the following settings:
 - K-12 schools
 - Health care providers who care for children, pregnant women and/or very high-risk adults
 - Colleges and universities for their high-risk students
 - Some pre-school settings such as those for high-risk children and Head Starts
- It is expected that by the end of next week 95% of all K-12 schools, which signed up to provide H1N1 vaccines, will have administered their first doses to **children**. The second doses for children ages nine and younger are anticipated to be distributed in early – mid December.
- 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.

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.
- Maine CDC's Immunization Program is compiling a database that matches the vaccine distribution database with the vaccine administration database by provider so that they can identify which providers are not reporting vaccine administration (or not using their vaccine). The CDC will then use this data to guide future vaccine distribution decision-making.

H1N1 Vaccine Adverse Events: The US CDC's Vaccine Adverse Event Reporting System (VAERS) records any adverse events following vaccination. This week the Maine CDC compiled the data from the first month of H1N1 vaccine administered in Maine and found a total of **5 adverse events reported**, all of them minor. None required hospitalization or demonstrated evidence of long term problems. The events included: congestion and a sore throat following a nasal spray vaccine, and tingling and numbness following an injectable vaccine that resolved.

H1N1 Conference Calls: Maine CDC will be holding conference calls to provide updates and take questions on H1N1. The next call will be held **Monday, November 16, from noon to 1 pm.** To participate, call 1-800-914-3396 and enter pass code 473623#. During calls, please press *6 to mute your line and #6 to un-mute when you are actively participating.

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:

The Maine Medical Center Department of Emergency Medicine has developed guidance for Emergency Medicine management of patients with Influenza Like Illness. This guidance can be found in the documents attached to this newsletter.

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:**

- **[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:** Tamiflu® suspension is **now available at many Hannaford pharmacies across the state.** For a full list of those stores, please see the attached worksheet. 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>
- **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: treatment 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>.
- **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 can also be accessed 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, 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=DHSHAN&id=84066&v=alert>.

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