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DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

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To My Fellow Kansas Physicians:

This letter is to update you on the current situation with pandemic H1N1 influenza A in Kansas, and to provide you with specific guidance pertaining to:

- Pandemic surveillance and diagnosis of specific cases
- Appropriate use of antiviral medications
- Periods of exclusion from school and work
- Priority groups for H1N1 immunization
- Seasonal flu immunization

Activity Update

The Kansas Department of Health and Environment (KDHE) estimates that at least 10,000 Kansans have already been infected with the novel H1N1 influenza A virus. Since the first cases were identified 110 days ago, viral activity has been confirmed in 46 counties. The vast majority of cases have suffered relatively mild illness, but at least 23 persons have been hospitalized and one patient has died. The average age for confirmed cases is 17 years, with approximately 80 percent of cases occurring in persons under 35 years of age.

Current flu activity in Kansas, as in the rest of the United States, is unusually high for the summer months. Nearly every sub-typed influenza A isolate is now the pandemic H1N1 strain.

While it is not possible to predict exactly what the pandemic virus will do next, recent experience in the Southern Hemisphere and elsewhere suggests that an escalation in cases will occur in the coming months. As many as 20 to 40 percent of the population in Kansas (between 550,000 and 1.1 million individuals) can expect to be infected in the next two years, with many cases compressed into “waves” of infection lasting several weeks. These pandemic waves may put considerable stress on the state’s health care system.

Surveillance and Diagnosis

Until now, public health surveillance for novel H1N1 infections in Kansas has relied largely on laboratory testing of individual cases, with follow-up investigations performed by local public health departments. Because the state public health laboratory’s capacity is limited, specimens have not been accepted from ambulatory patients residing in counties already known to have widespread disease. This case-based system for surveillance is not sustainable in a full-blown pandemic, and must now be replaced with an “aggregated” system focused on prompt local recognition and reporting of influenza-like illness (ILI) by sentinel providers strategically located across the state.

As of today, the state public health laboratory will no longer accept specimens to test for the novel H1N1 strain from non-hospitalized patients. The only exceptions to this rule will be two routinely collected specimens received each week from hospitals and clinics participating in the state's sentinel provider network for ILI. These specimens will be used each week to determine the proportion of ILI cases due to the pandemic strain in each region of the state. While it will no longer be possible for the laboratory's diagnosis to assist you in the care of individual patients, weekly surveillance reports available at the KDHE website will keep you apprised of the current level of H1N1 activity in your region, informing your clinical judgments.

Antiviral Medications

With only a few exceptions worldwide, the pandemic H1N1 strain remains sensitive to the neuraminidase inhibitors Oseltamivir (Tamiflu) and Zanamivir (Relenza). At the moment the private supply chain in Kansas is able to meet the demands for these drugs, without the need to draw from the state's share of the Strategic National Stockpile. This could change with a rapid escalation of cases, at which point KDHE will issue instructions on the dispensing of antivirals from the stockpile.

At this time it is essential that all medical providers restrict the use of these drugs to patients with severe disease, or to those with underlying medical conditions that put them at risk of serious complications from influenza infection. **Routine prescription of antivirals for mild disease, or for any case in an otherwise healthy person where hospitalization is not being considered, is discouraged strongly.** Use for prophylaxis should only be considered in two specific post-exposure situations: (1) Household or other close contacts who are themselves at risk for serious complications from influenza infection, and (2) Health care workers or first responders who have had unprotected close contact with a recognized case during the infectious period. All other prophylactic use of these drugs after a potential exposure is not appropriate.

Overuse of antivirals at this time is poor medical practice. It depletes the supply of a potentially life-saving resource, it promotes the development of antiviral resistance, and it exposes patients and their contacts to unnecessary costs and unwanted side effects.

Exclusion of Cases from School and Work

Until now KDHE has recommended that persons infected with pandemic H1N1 stay home for a period of at least seven days, or 24 hours after symptoms resolve, whichever is longer. Now that we know more about this disease, our recommendations have changed. **As of today, patients should be advised to stay away from school or work until at least 24 hours after their fever is gone (without using fever-reducing medications.)** This guidance applies even to those taking antiviral drugs.

The new guidance pertains to most settings, where contact with persons at high risk for flu complications is limited. It does not pertain to workers in healthcare settings, or to others working directly with high-risk populations. For these individuals exclusion from work must continue for at least seven days from the onset of symptoms, or until all symptoms are gone, whichever is longer.

Prioritization of the H1N1 Vaccine

As you are aware, a monovalent H1N1 vaccine is currently in production, with the initial distribution to states likely to occur as early as September. **Providers who wish to participate in the H1N1 vaccine campaign will soon be able to indicate their interest through an online pre-registration system.** It is our expectation that administration costs will be covered for this vaccine by public and private health insurers in the same way that they pay for other immunization visits, including those for the seasonal flu vaccine. I expect that two doses will be required for most age groups.

The priority groups to receive the H1N1 vaccine are different from those traditionally targeted to receive the seasonal flu vaccine. Based on a careful assessment of the epidemiology of disease caused by the novel virus, the federal Advisory Committee on Immunization Practices has recommended that initial vaccination efforts be focused on five key populations:

- All people 6 months through 24 years of age
- People who live with or care for children younger than 6 months of age
- All pregnant women
- Healthcare and emergency medical services personnel, and
- People aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza

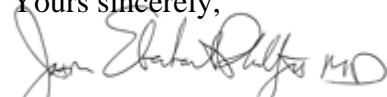
Early immunization of these priority groups offers the best hope of reducing the impact of the pandemic on everyone. Once demand for vaccine in these prioritized groups has been met, providers will be able to offer the vaccine to everyone aged 25 to 64 years. As supply increases further, H1N1 immunization can be extended to persons over 65 years of age.

Seasonal Flu Vaccine

The importance of immunization against seasonal flu is in no way diminished by the recent focus on pandemic H1N1 disease. Seasonal flu vaccine will be available in Kansas very soon, possibly before the end of August. **We strongly encourage all Kansans, particularly those traditionally at high risk for serious complications from seasonal flu, to get immunized earlier than usual this year.** Please assure your patients that the protection received from vaccines given in August or September will not wear off before the upcoming flu season is over.

Your partnership with public health is crucial for our success in minimizing the harmful effects of the pandemic on Kansas, both its people and its economy. Your local health department is a vital resource for you for H1N1 information, as is the KDHE website: www.kdheks.gov. Thank you for all you are doing to protect your patients and your communities.

Yours sincerely,



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